Clinical Lecture
ON A
CASE OF TROPICAL ABSCESS OF THE LIVER.

Delivered at the Middlesex Hospital,

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GENTLEMEN,—The patient whose case will form the subject of my remarks, and whom I shall presently show to you, is a man aged twenty-seven, well built, of good muscular development, and by occupation a navvy. He was admitted into the hospital on April 11th, 1882, complaining of cough and pain in the right side; he came under my care about a week later. He gave the following account of himself: He had enjoyed good health up to four years ago, when he was laid up for six weeks with an attack of acute rheumatism affecting the ankle, knee, and hip joints; since then, with the exception of an occasional cold and cough, he has remained well. He stated distinctly on several occasions, in reply to questions, that he had never been out of England; and it was not until we had been obliged to take the first important step in treatment that we discovered that he had enlisted in a cavalry regiment in 1869, and in February, 1870, had been sent to India. For the first year he was stationed at Bangalore, in the Madras Presidency, and whilst there was quite well. The regiment was then moved to Secunderabad, and remained there five years, during which time he was twice in hospital: in 1873 for six weeks with Indian fever, the principal symptoms being fever, vertigo, weakness, and loss of weight; in 1874 for ten weeks with fever and pain in the right shoulder and hypochondrium. He remembers that on one occasion during this attack his temperature rose to 106° F., but he had no diarrhœa, dysentery, or jaundice. There can, I think, be little doubt that this second attack was one of acute hepatitis. After recovery he returned to duty, and remained two years longer in India. He left the army in 1877, and has since worked as a navvy.

We now come to his present illness. On April 2nd, whilst working on a "night shift" in a tunnel, he felt sick and giddy and shivered. He went to bed, but though wrapped in blankets the shivering continued more or less during the whole of the following week. On April 6th sweating first occurred; it was continuous, but most profuse during sleep. On the 9th he complained of pain of a sharp character, localised in the right loin and epigastrium. He vomited several times, and suffered also from cough, with expectoration of frothy, but not rusty, mucus. There was no pain in the right shoulder, jaundice, or diarrhœa. On admission, the skin was of a sallow tint, and he was perspiring; the tongue was coated and brown in the centre. Temperature 101° F; pulse 84, soft and compressible. There was troublesome cough; the expectoration frothy and of a slightly yellow colour. On physical examination no adventitious sounds were heard in the lungs. The cardiac apex was in the normal position, and the sounds normal. The liver dulness was not increased, and the splenic dulness was normal. The urine deposited lithates on standing, and was free from sugar and albumen. On the following morning the temperature was 103° F. He had passed a restless night, and had perspired profusely. On the 14th it was noted that the breath sounds at the right base were weak, and accompanied on expiration by sibilant rhonchi. These sounds gave place soon after to fine crepitant râles. The bowels were freely opened after taking five grains of calomel, the motion being of a dark-brown colour. For the next few days he remained in much the same condition. The temperature fluctuated between 99° F. in the morning and 103·4° in the evening. The sweating was continuous and profuse, especially during sleep. The cough was troublesome and expectoration copious, but it was never rusty. At the right base, posteriorly, there was diminished vocal fremitus; the percussion note was flat; the breath sounds feeble, and some fine crepitant râles were heard. The cardiac apex was not displaced. The pulse rose on the 19th to 120, and was soft and dicrotic, and he was evidently losing strength rapidly. I was struck when I first saw this patient with profuse perspiration, and remarked that the case reminded me of two which I had seen at Addenbrooke's Hospital, Cambridge, which proved to be cases of hepatic abscess. I have since then been strongly impressed with the fact that *when obscure disease—e.g., pleurisy with doubtful pneumonia—at the base of the right lung is associated with profuse sweating, the formation of an hepatic abscess should be suspected.* On April 21st I carefully examined the liver, with the following result: the lower ribs on the right side were slightly bulged; there was slight fulness and increased resistance in the epigastrium and some tenderness on pressure there; the liver dulness commenced at the fifth rib, and measured six inches in the right mammary line, and five inches and a half in the mid-sternal line; there was no hydatid thrill or fremitus; the right rectus abdominis was tense. Dr. Cayley kindly saw the case in consultation with me, and agreed that it was quite justifiable to make an exploratory puncture into the liver. I therefore thrust an aspirator needle, one-eighth of an inch in diameter, into the liver one inch below and the same distance to the right of the tip of the ensiform cartilage, and with the point at a depth of about two inches pus began to flow through the tube. After about an ounce had escaped the tube became blocked, and as the object of the puncture had been attained I withdrew the needle. The pus was thick, curdy, blood-stained, and contained solid flakes; on microscopical examination no booklets of echinococci were found. On the following morning, at my request, Mr. Andrew Clark plunged a large trocar into the same spot and drew off twelve ounces of pus having the same characters as that previously obtained. The cannula was allowed to remain in and a large poultice applied over it, some carbolic tow being placed immediately over the orifice. At 2 P.M. on the same day the temperature had fallen to 99°; but it rose again in the evening to 102·8°. On the 24th, he was ordered sulphate of atropia, $\frac{1}{100}$th grain in pill every night, with the view of checking the sweating; this it did very effectually for a time. For the next few days the temperature ranged lower than before the operation; there was a free discharge of healthy pus from the cannula; the abscess sac was washed out thrice daily with a 2 per cent. solution of carbolic acid; and he took three-grain doses of quinine three times a day. On the 26th the cannula was removed and a drainage-tube inserted. On the 29th the drainage-tube accidentally slipped out of its place, and could not be reinserted into the abscess sac; I found it lying in the sinus, and removed it altogether. The discharge still continued, but was not free. The range of temperature was between 99° in the morning and 103° in the evening. For the next fortnight he continued in much the same condition; the temperature maintained the hectic type; the sweating, though less profuse, was still continuous, and the discharge was not free. The lower margin of the liver could now be felt two inches below the ensiform cartilage, and it was clear that pus had again accumulated and filled the abscess sac. On May 14th I determined to tap the liver again, and plunged in a trocar, having a diameter of three-eighths of an inch, just above, and internal to, the first opening. Pus flowed freely through the cannula, and in all rather more than twenty ounces were withdrawn. It had not altered in character since the first tapping. Towards the end of the operation, when it was thought that the greater part of the pus had been evacuated, he began to retch, probably as a result of the ether he had inhaled, and the compression of the liver between the abdominal muscles and the diaphragm forced out a large quantity of pus. Coughing and retching are useful, though possibly rather dangerous, aids to the emptying of an hepatic abscess. The cannula was now withdrawn, and a laminaria tent inserted in order to dilate the opening. This was removed in four hours, and replaced by a drainage-tube. The effects of the second tapping were extremely favourable. The lower edge of the liver receded an inch and a half. The temperature fell to the normal at once, and for nearly three weeks did not rise above 99°. The tongue cleaned, the appetite improved rapidly, the sweating almost ceased, and there was a moderate discharge of healthy pus. His progress towards convalescence, however, received a sudden check; for during the night of June 3rd, whilst the dressings were being changed, the tube was accidentally withdrawn, and was not at once replaced. This

unfortunate occurrence was immediately followed by a severe rigor, in which the temperature rose to 103·4°. He sweated profusely, the tongue quickly became brown and dry, and when I saw him in the afternoon his condition appeared extremely critical. A long laminaria bougie was inserted and allowed to remain in three hours, and he was ordered quinine in fifteen-grain doses three times a day. When the tent was withdrawn the drainage-tube was replaced without difficulty, and, the discharge being re-established, all the bad symptoms at once disappeared. On the following day he was quite as well as before, and the large doses of quinine were discontinued. Since then he has made steady progress towards recovery. On June 28th, the discharge having almost ceased, I withdrew the tube, as the sinus was evidently granulating upwards, and the sac appeared to have become obliterated. It is quite possible that the tube might have been safely dispensed with earlier, but, warned by our previous experience, I was anxious not to close the wound before it appeared certain that the abscess had healed. The physical signs noted at the right base gradually cleared up, and the lung symptoms ceased to give trouble after the first tapping. The edge of the liver cannot now be felt beneath the ribs, and the sinuses have completely closed. The diet at first was liquid, and suited to his feverish state, but as soon as the appetite returned I allowed him as liberal a diet as he desired.

I should like now to direct your attention to some of the chief points of interest in this case. First, as to its nature. It was soon clear that this was not an ordinary case of pleurisy with effusion or an empyema depressing the liver. The normal position of the cardiac apex alone negatived such an hypothesis. The physical signs, so far as the lung alone was concered, were consistent with a rare form of inflammation, of which some of you have lately seen an example, in which the bronchi, even the primary branches in the affected area, are filled with fibrinous coagula. This condition has been named "massive pneumonia." This would not, however, have accounted for the profuse sweating, a symptom almost constantly met with in abscess of the liver, and which formed one of the most marked features in this case. I think there can be little doubt that we have been dealing with a tropical abscess of the liver, the result of the attack of hepatitis, from which the patient suffered whilst stationed at Secunderabad in 1874. It is quite possible that a small collection of pus may have remained encysted in the liver during the eight years which have since elapsed, and during which our patient has enjoyed good health. From some cause, which we can only guess at, possibly a strain whilst at work, the sac may have ruptured and set up an acute inflammation in its neighbourhood. Or it may be that without actual pus having been encysted there were residues of the old inflammation lying quiescent in the liver, and around these suppuration occurred. Sir James Paget has shown how this may take place in other parts of the body, and Dr. Murchison suggested this explanation of those cases of hepatic abscess occasionally met with in persons long resident in this country who have suffered from hepatitis in the tropics.

Another point of interest is the prompt relief to all the symptoms which followed on the evacuation of the pus, and continued so long as the discharge was free, notwithstanding that a large portion of the liver must have been destroyed. In some other cases of the same kind which I have seen recovery has taken place with equal rapidity when once a free exit has been given to the pus.

The most common causes of hepatic abscess as it occurs in this country are either pyæmia or suppuration of an hydatid cyst. We may exclude the former, because the abscess was large and single, whereas pyæmic abscesses are usually small and numerous, and almost invariably have a fatal termination. That we had not to deal with a suppurating hydatid cyst is, I think, clear from the fact that frequent careful examination of the pus failed to detect any hooklets of echinococci. You will have noticed that the patient is stated never to have had dysentery.

The connexion between dysentery and tropical abscess is a point which has been much discussed, and is still undecided. Sir Joseph Fayrer, in common with many other distinguished Indian pathologists, holds the opinion that[1] "the two affections are independent though often coexistent and due to the same climatic causes; that hepatic abscess does occasionally result secondarily by absorption from the ulcerated bowel, and is then of the nature of pyæmic suppuration, in which case it is apt to be multiple and more serious in character than ordinary tropical abscess." It is, I believe, now generally recommended that the single large abscess, from whatever cause arising, should be opened as early as possible; but considerable difference of opinion still exists as to the best method of operating, whether by incision or with a trocar. If the abscess be distinctly pointing, it may be opened by incision, but even then I should prefer to use a trocar, and if it is at all deeply seated, there are decided advantages in adopting that course—viz.:

1. The risk from hæmorrage is much less; for when the liver is incised there is often a violent gush of blood. This, it is true, soon ceases; but these patients are usually not in a condition to bear a loss of blood which a distinguished surgeon, Mr. Lister, describes as "alarming."

2. There is less danger from septic absorption along the track of the wound, as the pus flows through a cannula or drainage-tube.

3. As a trocar of any diameter may be used, the opening into the sac may be of any size that is considered desirable. For an exploratory puncture I prefer one having a diameter of one-eighth of an inch; but if there is certain evidence of the presence of pus, it is very important to employ an instrument of at least three-eighths of an inch or half an inch in diameter. If a smaller one be used, it is liable to get blocked by the solid shreds of liver tissue which these abscesses so frequently contain.

The site to be chosen for the puncture must be determined in each case by the physical signs, but it is better, if possible, to avoid going between the ribs or cartilages, as the trocar must then pierce the diaphragm, and may wound the pleura and lung; also if the cannula, or tube, be retained for a long time necrosis of the rib is very likely to occur. In inserting the trocar it is desirable to follow the directions of the bulging—that is, if the abscess is pointing upwards, the trocar should be directed from below upwards, and *vice versâ*; thus as contraction usually takes place towards the centre of the liver, the sac is brought as nearly as possible beneath the opening in the skin, pressure upon the tube is avoided, and drainage facilitated.

I did not in this case use the carbolic spray at the time of the operation, but by carefully washing out the sac with carbolic lotion and surrounding the opening with carbolised tow, the discharges throughout remained aseptic. As it is not possible in the time at our disposal to discuss fully the whole subject of the treatment of hepatic abscess, I have contented myself with drawing your attention to those points which appear to me of the greatest practical importance.

[1] THE LANCET, Jan. 1880, p. 674.

LATERAL CURVATURE OF THE SPINE.[1]

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THE following paper contains a short account of the nature, causes, and treatment of lateral curvature of the spine. From the great variety of views which have been expressed upon this subject I have selected those which have seemed to me from observation and from practical experience to be most worthy of acceptance. I believe that the views which I have adopted cannot be considered in any sense extreme, and that the plan of treatment which I shall describe is based upon sound surgical principles, and is free from the objections which have been justly raised against many other methods.

In lateral curvature of the spine there are usually two curves, because when one is produced from some special cause in one direction; another, as a rule, forms in the opposite direction to allow the equilibrium of the body to be maintained. The manner of formation of the secondary or compensatory curve is shown in the following diagrams, which represent a case in which obliquity of the pelvis acts as the cause of the primary curve.

Fig. 1 shows the position of the spine when the pelvis is oblique. Fig. 2 indicates the position the spine would assume (if the lumbar curve remained fixed) when the pelvis was

[1] A paper read before the Harveian Society, January 4th, 1883.

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restored to a horizontal position. Fig. 3 shows a compensatory dorsal curve formed by the efforts of the patient to maintain the equilibrium of the body. The changes represented by Figs. 2 and 3 necessarily take place very

FIG. 1.

FIG. 2.

FIG. 3.

gradually and almost simultaneously. Several alternate curves may thus be produced, but the primary curve may be either lumbar, dorsal, or cervical, according to the cause. Obliquity of the pelvis produces a lumbar curve first, wry-

FIG. 4.

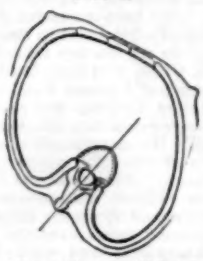
After Bonvier.

neck will give rise to cervical curve, and frequent obliquity of the shoulders will cause the primary curve to appear in the dorsal region.

The most remarkable feature of the deformity under consideration is the rotation of those vertebræ which are involved in the curves. The vertebræ rotate upon their vertical axes, so that their bodies turn in the direction of the convexity of the curve and their spinous processes in the direction of the concavity. This very important part of the deformity is shown in Fig. 4. It is probable that this twisting of the vertebræ is due to the fact that the posterior portion of the spine is a part of the parietes, and is thus to a great extent confined to the median line; whereas the bodies of the vertebræ project into the cavities of the chest and abdomen, and are free to move to the right and left. Dr. Judson, of New York, has illustrated this theory by a mechanically arranged spinal column. In some cases the apices of the spinous processes are found removed but slightly from their central vertical normal position, while the anterior surfaces of the bodies of the vertebræ form a considerable curve. The diagram (Fig. 5) represents such a

FIG. 5.

FIG. 6.



After A. Shaw in "Holmes's System of Surgery."

case, the black central line indicating the position of the spinous processes, and the dotted line indicating the extent to which the bodies of the vertebræ project laterally. The appearance of this rotation is therefore deceptive if we judge of the curves entirely by the position of the apices of the spinous processes. The nature of the case has occasionally even been mistaken, because the spinous processes have been nearly in a straight line, while the protruding ribs have been taken for some morbid growth. I lately had such a case in which the mistake had been made under my care. But as a rule the symptoms are less obscure, the deformity being well marked. The whole trunk is rotated, and the protrusion of the ribs in the dorsal region and the transverse processes in the lumbar are characteristic features, these projections occurring in proportion to the amount of twisting of the vertebræ. The scapula upon the side of the convexity is pushed backwards by the ribs and upon the opposite side the scapula drops with the shoulder, and other alterations occur of which I need not now speak.

Some of the chief alterations of form produced by rotation are well shown in this diagram (Fig. 6), which represents a supposed transverse section of the thorax about its middle. The dorsal curve is to the right, consequently the ribs upon the right side project backwards and the left breast forwards. The space for the right lung is much compressed. As the deformity increases (and its tendency naturally is to increase), pressure upon the nerves and viscera occurs to a serious extent, and the bodily health of the patient suffers. Functions become disturbed, and pain may occur in various localities. It does not seem to me a matter for surprise that a great variety of symptoms may thus be produced. In the early part of last year I had a case in which the symptoms were of such a character. A gentleman with severe lateral curvature was sent to me who had been incapacitated for work by severe functional disorders of the liver and stomach and by persistent sciatica. These complaints might, of course, have arisen independently of the curvature, but as they resisted all ordinary treatment for several months, and rapidly disappeared when the curved spine was supported mechanically, I presumed that they were caused by the deformity in the manner which I have alluded to.

(To be concluded.)

MR. JAMES ORAM, who died at Taunton recently, and who was a native of Devizes, has bequeathed £500 to the Devizes Cottage Hospital.

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THE LESION OF MYO-CARDITIS.

By JAMES GREY GLOVER, M.D.

THE following case is worthy of record because it presents a good instance of a rare lesion in a very pronounced form, and further because of the association of this lesion with, at one stage, very striking anginous symptoms, and finally with sudden death.

Mr. C——, aged fifty, who was the subject of emphysema and occasional attacks of bronchitis, was seized suddenly, on Sept. 15th, at his office, with symptoms thus described to me by Mr. Samuel Lloyd, of High-street, St. Giles's, who was summoned in the emergency. Mr. C—— was suffering "from violent sudden pain in the region of the heart, and alarming syncope. It was impossible to properly examine him. The pain extended down the *left* arm." Under Mr. Lloyd's treatment he recovered so far as to get home in a cab. In my absence from town, he was kindly attended by Dr. Cribb, who describes him as suffering in the following way:—"I found him in bed free from all cardiac or respiratory distress, but complaining of pain across the transverse colon from side to side, saying he thought it was 'wind.' He complained of a feeling of 'depression,' and attributed his sufferings to indigestion from having eaten roast pork. His pulse was regular and quiet, respiration neither difficult nor accelerated, there was no pallor or appearance of syncope; extremities warm. I could detect no abnormal sound over the cardiac region, but any such sound may have been masked by his thick covering of fat. Respiration sounds deficient over both backs, but the percussion was clear. I concluded that he had been subject to asthmatic attacks depending on emphysematous lungs. Whatever the attack at the office might have been, of which I got a very imperfect account, it had clearly subsided when I saw him. I prescribed for him a stomachic alkaline mixture and hot applications to the seat of pain.—16th: Had not slept well, and said the pain came on again in early morning and in the same region—viz., across the diaphragm and especially to the *right* side over the liver. He described himself as much better and wanted to get up; no dyspnœa or cardiac symptoms. Temperature normal. His bowels had not acted, so I ordered him an aperient draught and light diet.—17th: The draught acted well, and he described himself as very much better and free from pain, but excessively weak, wanted to get up, and I believe did so. He still complained of an uneasy feeling across the diaphragm, but more over the liver than the heart, always indicating the right side rather than the left.—18th: Was up when I called and said he was getting all right, appetite returning and tongue cleaning, was in much better spirits and walked round his room showing me his paintings; said he should go to business next day, which I believe he did.—20th: Went to business and declared himself almost as well as usual, but weak from the attack. Had no return of pain or discomfort, nor did he complain of any thoracic trouble whatever. Arranged to call on me and report on 23rd; on that day, I believe, walked one and a half miles to my house. He said he only came to show himself, and thanked me for my attention, but would like to look in again in a week." He had so far improved as to have returned to his office, but on Tuesday, September 26th, not feeling well, and having pain in the chest, he was induced, against his strong inclination to go to his office, to remain at home, have poultices on, and to send for Dr. Cribb. Dr. Cribb, knowing of my return, sent the messenger to me. I saw Mr. C—— a little after twelve in his library, and was just beginning to hear from him an account of his illness, when his head fell back in his chair, and his feet forward, and he died in a few minutes. A friend at whose house he called the night before said he looked ill and "altered" and complained of "a pain at the heart," but said he should soon be better.

Post-mortem examination.—The body was found very fat and the muscles well nourished. The cartilages of the ribs were so ossified as to require the use of the saw. There was a good deal of fat about the heart; but no hardening of the coronary arteries. The pericardium contained about an ounce, or less, of fluid. There was an ecchymosis on its inner surface opposite the base of the heart, to the left side in front. There was also a little recent lymph hereabouts But the marked lesion was on the front of the apex of the heart, affecting, apparently, both the surface and a layer of the substance of this organ. At this spot there was a well-defined roundish patch, less than the size of a five-shilling-piece. It looked badly damaged and on the road to gangrene or sloughing. In colour it was dirty red, with a little dirty lymph about it. The great vessels proceeding from the heart contained decolourised clots of fibrin. The opposing spot of the pericardium had a corresponding appearance—ecchymosed and with a little dirty lymph on it, but with no adhesion. The valves were unaffected. The lungs were emphysematous and congested, but everywhere free from consolidation. The liver was hard, and its capsule at parts opaque. The kidneys were similarly affected, and had a few small cysts on their surface.

Remarks.—I shall not attempt to trace the course of pathological processes in this painful case, nor assign their exact significance. The fibrinous clots in the large vessels probably had much share in causing death. Possibly some similar clotting may have occurred in the nutrient arteries of the heart and so led to the lesions described above, but the coronaries were free from obvious hardness. Possibly, a patient more willing to rest, from the beginning, might have fared differently. The case is interesting in this further respect as one of the gravest heart lesions, with an absence of physical signs thereof.

Highbury.

A NEW METHOD OF CATARACT EXTRACTION WITHOUT EXCISION OF THE IRIS.

By DR. H. GALEZOWSKI.

THE operation for cataract has always occupied the attention of surgeons, and justly so, and many methods, more or less ingenious, have been devised for the extraction of opaque lenses. One of the best of these methods was incontestably the French operation or method of Daviel by flap extraction, which gave numerous excellent results. Unfortunately, however, it not unfrequently happened that the most severe suppurative inflammation supervened even when the operation had been most skilfully performed, necrosis of the cornea and panophthalmitis destroying the eye. In presence of such facts it came to be asked whether a very large corneal flap was not the cause of the suppuration, and whether it would not be remedied by modifying the form of the incision. It was on this account that the old method by flap extraction was replaced by the method of extraction by peripheric linear incision. Our eminent London colleague Critchett, whose loss is regretted by all, brought forward an operation which bears his name, and which consisted in a peripheric linear incision of the cornea, iridectomy, and extraction of the lens with a large curette. After this came the method of von Graefe, or modified linear extraction, which, as is well known, was very soon tried in every country in the world and accepted as being the best, for it did not give rise to suppurative complications. As far as I am personally concerned, I had adopted this last method, and practised it with various modifications, till the last four months. For a long time I obtained satisfactory results, but occasionally I had to record cases of panophthalmitis in patients in whom there was not the slightest reason to anticipate any complication. I have for the last two years employed the most rigorous antiseptic precautions, but this has made no difference. Last year I had five cases of panophthalmitis in ninety-three operations, the results of which I communicated to the International Congress held in London. Quite lately another Parisian oculist has recorded seven cases of panophthalmitis in 150 operations, and in several other records of statistics similar data are to be found. What conclusion should one draw from this? That iridectomy as well as the linear peripheric operation do not prevent subsequent inflammatory mischief. This conviction seemed all the more plausible to me when, at the beginning of the present year, I saw a panophthalmitis appear in one of my town patients who was in an excellent state of health, and who had undergone the operation of iridectomy two years previously with a view of facilitating the subsequent operation. I extracted his cataract under the most favourable conditions; the operation went off perfectly well, and strict antiseptic precautions were observed. What then was my astonishment when, within the first twenty-four

hours, the symptoms of suppuration of the cornea with consecutive iritis appeared. It is difficult to find an explanation of this occurring notwithstanding the iridectomy, but it became evident to me that iridectomy did not prevent such complications. I then formed the idea of returning to the old French method of flap extraction without iridectomy, but I took care to make a different kind of flap. The results I have obtained seem to me so satisfactory that I have thought it useful to record them, and to show how unjust it was to attribute to the iris all the accidents which supervene after an extraction of the lens.

In making an analysis of the 959 cases of cataract extraction that I have performed since 1874, and of which I have preserved the records, I came to the following important conclusions:—1. That the excision of a portion of the iris does not in any way prevent inflammatory complications subsequent to the extraction of the lens. 2. That it is often the cause of secondary cataract. 3. That sclerotic or sclero-corneal incisions are far more prone to cause subsequent complications than corneal incisions, and that they do not prevent subsequent severe inflammation of the cornea and iris. In presence therefore of failures in my own practice, which could not in any way be foreseen, and taking into consideration the considerable number of failures recorded by De Wecker, Abadie, and others, I determined to modify the operative procedure and to bring it back as near as possible to the old French method or method of Daviel. The modification I employ refers to the form of the corneal incision; thus instead of having a large flap whose periphery is at all points 2 mm. distant from the sclerotic border, I make my puncture and counterpuncture in the cornea, just where it joins the sclerotic, but I make the summit of my flap 2 mm. distant from the superior sclerotic border. The incision is therefore entirely corneal. By this procedure the resulting flap is broader and not so high as in the old method of Daviel, and the incision is elliptical instead of being spherical, and in consequence coaptation is easier and cicatrisation more rapid. In giving this form to the incision a gain of 2 mm. on each side is obtained, and this allows even the most voluminous cataract to emerge without difficulty. The pupil dilates under the pressure of the lens and allows its free passage and then returns of itself to its former position, or is replaced by the aid of a fine silver stylet. Up to the present time I have performed fifty-six operations by this method, and I have not had any serious subsequent complications.

The following are the details of the operation I now almost exclusively perform:—The patient is placed upon an operating table or bed, and his eyelids separated by my articulated spring speculum. I then seize the conjunctiva just below the cornea with a fixation forceps, and gently draw the eye slightly downwards. I then puncture the transparent cornea just at its junction with the sclerotic with a very narrow-bladed von Graefe's knife, and at a point 3 mm. above the horizontal diameter. Pushing the point of the knife downwards to the border of the pupil, which has previously been dilated, I press on the capsule, incising it from below upwards, then, slightly withdrawing the knife, I push it into the transverse diameter of the capsule, which I then incise in its entire breadth, after which I make the counterpuncture at the opposite corneal border at a point also 3 mm. above the horizontal diameter. Then inclining the edge of the knife slightly forwards I cut the corneal flap in such a manner that its summit shall be 2 mm. distant from the superior sclerotic margin. This first step in the operation terminated, I remove the fixation forceps and spring speculum, and let the patient rest for a few seconds. I then continue the operation by elevating thoroughly the upper lid with my little finger, which, as well as the curette, presses upon the sclerotic border of the incision whilst the patient looks strongly downwards. With the thumb of my left hand I gently press upon the inferior border of the cornea, and then the lens is seen first to engage in the iris, then in the incision, and, finally, to emerge from the eye.

It frequently occurs that after the lens has emerged the iris returns of itself, and the edges of the incision come into apposition. In other cases the iris protrudes, and must then be replaced in the anterior chamber by a fine silver stylet. If any of the cortical substance of the cataract remains in the pupil, it is removed by a curette, which is introduced several times into the anterior chamber or the pupil. The operation being finished, and the eye being open, I turn the carbolic spray on to the eye, and dress with carbolised cotton-wool, and bandage both eyes. As a rule the coaptation of the wound takes place in twenty-four or forty-eight hours. In one case it did not take place for six days. On three occasions there occurred slight attacks of iritis on the seventh, eighth, or tenth day, which easily yielded to antiphlogistic treatment, and on one occasion severe iritis appeared within the first twenty-four hours, but yielded to douches by the carbolised spray and to the application of leeches.

I have had two cases of hernia of the iris, both of which occurred on the fifth or sixth day, and in both cases I had to excise the protruded portion. The final results after extraction by this method are relatively superior to those I obtained with iridectomy. This I have had evidence of in two of my patients who underwent the operation for cataract, one twelve months and the other three years ago. In one of these cases one eye was operated on with iridectomy, and the other without. The visual keenness obtained in eyes operated on without iridectomy is superior by one-third or one-fourth to that obtained when iridectomy is performed. It will be easily understood that an eye with a round pupil is much better protected against excessive light, is less dazzled, and the dispersion of luminous rays is much less. Since my recent experience has demonstrated to me the considerable advantages of cataract extraction without iridectomy, I never touch the iris except in the following exceptional cases:—1. When during the incision of the cornea the iris bulges forward in front of the knife and is wounded. 2. In traumatic cataracts complicated by posterior synechiæ. 3. In cases where the lens covered by the iris does not engage in the incision. 4. I excise the iris when I perceive that it has been torn during the passage of a hard and voluminous lens.

Paris.

ON A CASE OF

SYPHILITIC OZÆNA FOR WHICH ROUGE'S OPERATION WAS TWICE PERFORMED,

WITH REMARKS ON LAWRENCE'S AND ROUGE'S OPERATIONS.

BY R. CLEMENT LUCAS, B.S. LOND., F.R.C.S.,

SENIOR ASSISTANT SURGEON TO, AND DEMONSTRATOR OF OPERATIVE AND PRACTICAL SURGERY AT, GUY'S HOSPITAL.

THE operation for exploring the nasal cavity by raising the upper lip and cartilaginous portion of the nose, for which we are indebted to M. le Docteur Rouge of Lausanne, does not appear to have been performed many times in this country; and it is perhaps deserving of more attention than has at present been accorded to it. Although M. Rouge's mémoire[1] has now been published nine years, I can only find that the operation has been performed by three surgeons in this country—namely, Mr. Warrington Haward,[2] Mr. Harrison Cripps,[3] and Mr. Holmes.[4] It may, however, have been performed by other surgeons who have not recorded their experience. Among those who have practised it the operation does not meet with unqualified approval by all. Thus M. D'Azambris[5] speaks of it as dangerous from phlebitis, purulent infection, and incomplete operation; and Mr. Holmes,[6] after relating how in one of his cases serious danger was caused by the inhalation of blood into the lungs, states that "the surgeon cannot honestly represent to the patient or the friends that the operation is free from grave danger." Still, for my own part, I am inclined to regard the dangers as trivial; and the difficulties occasioned by the passage of blood into the trachea can be avoided by the means presently to be detailed. Indeed, it is a maxim which I endeavour rigidly to apply to myself, though I should be loth to apply it without limit to others, that whenever a patient dies from surgical hæmorrhage some blame should attach to the surgeon.

Whether the operation is one so generally applicable as the originator supposed, or whether its usefulness be limited

[1] Nouvelle Méthode pour le Traitement Chirurgical de l'Ozène. Par le Docteur Rouge, Chirurgien de l'Hôpital Cantonal à Lausanne. 1873.
[2] St. George's Hospital Reports, vol. viii.
[3] THE LANCET, May 5th, 1877, p. 123.
[4] Surgery, its Principles and Practice, p. 598, second edition.
[5] Thèse de Paris, Dec. 1874, No. 465; London Med. Record, May 26th, 1875.
[6] Opus cit.

to a few cases, it is certain that in several instances it has proved of immense benefit, and that it will remain as an established operative procedure. It is a very superior operation to that designed and practised by Lawrence,[7] which might be considered applicable to similar cases. Lawrence's operation, an account of which appeared eleven years before Rouge's, consisted in dissecting up the nose without the lip. An incision was made on either side of the nose commencing external to the lacrymal sac and carried down to the margin of the ala; the cartilages were next separated from the bones, and the septum was divided; the nose being then raised, the nasal processes of the superior maxillary bones were divided with forceps, and some inveterate polypi that had resisted other treatment were removed. Lawrence's operation may still be the operation most suitable for cases of polypi of great size which distend the side of the nose and cheek. I performed a similar operation to this, but on one side only, in 1876 for a very large malignant polypus which bulged out the side of the nose and cheek and projected through the right nostril of a man aged sixty-five. It enabled me thoroughly to clear out the nasal cavity, but the skin being infiltrated on the side of the nose, I had to remove so much of this that an aperture was left after the operation. It would have been easy to have closed the aperture by a plastic operation had not the age of the patient, and the fact that he was an inmate of a workhouse, rendered it scarcely worth the risk. The man came under observation about a year later with some return of the growth, which was again scraped away without difficulty; but whilst still in the hospital he was seized with frequent vomiting, and died from cancer of the pyloric end of the stomach.

Rouge's operation proved to be of great service in the case to be related, enabling me to remove pieces of bone which were found too large to be extracted through the nostrils; yet I doubt if it ought often to be employed simply as an exploratory operation where the diagnosis is doubtful. In this patient we were able to detect the necrosed bone with a probe, and to determine that it was movable before operating, and in all similar cases where it may be found impossible to extract the decayed bone with forceps through the nostril I would advise that the nasal cavity be opened up by Rouge's method. It is probable that in some other cases of long-standing ozæna, when there are strong grounds, from the profuse and offensive discharge, for believing that there is dead bone, though this may not be detected by the probe, I should be inclined to explore the cavity from beneath the lip. But if the cases were limited to these, it would very much narrow the field of the operation as designed by the originator. On the other hand, I do not regard the operation as a dangerous one, and any difficulty caused by bleeding into the air-passages can be avoided by the means I adopted. Thus, whilst the patient lies on his back the bleeding from the primary incision tends to flow round the gums, and may be stopped by sponges, one being held on either side, between the gum and the cheek. The bleeding through the posterior nares, which at one time threatened trouble, I readily stopped by forcing a large sponge secured by a string into the upper part of the pharynx behind the soft palate. This latter procedure has another advantage, inasmuch as it prevents the patient from expelling the blood and foul secretions from the nasal cavity into the operator's face. In the Lawrence's operation described I adopted a similar precaution, but as I was operating only on the right side, the posterior aperture of that nasal cavity alone was plugged.

For the following particulars I am indebted to Mr. A. H. Dodd, who acted as my clinical clerk:—

CASE 1.—T. A——, aged nineteen, was admitted into Guy's Hospital on Sept. 7th, 1881. His father died in an asylum soon after the birth of the patient, and his mother, who had been a drinker, died of dropsy three years ago. He has one sister alive, but lame from birth. For some years he was totally blind from inflammation of his eyes, which occurred about the age of nine. He had an operation performed, and has since been able to use the left eye. It is evident that the blindness was due to interstitial corneitis, and the operation was for artificial pupil. The teeth, however, are not characteristic of hereditary syphilis. For about three years he has worked in an oil-cloth manufactory as a tear-boy, and during this time his nose has been growing flat. At the same time he has been suffering from a foul-smelling discharge from the nostrils, and many small fragments of bone have escaped through the posterior nares. Of late he has been compelled to give up work, the discharge being so offensive that the other men employed refused to work with him. The patient is a strong-looking lad, but unintelligent in appearance. His skin is coarse and blotchy. His nose is small, broad, and flattened; to such an extent have the nasal bones fallen in that the bridge is practically absent. Inferiorly the septum is deficient in its middle third, so that the two fossæ communicate. At the upper part of the left side a large loose piece of bone can be felt. There is a small hole in the hard palate by which the nose communicates with the mouth, and there is also an ulcer on the soft palate.

On September 9th I operated as follows:—The patient being under the influence of a mixture of alcohol, ether, and chloroform the upper lip was stretched and everted by the fingers of assistants, and an incision was made through the mucous membrane and cellular tissue in the angle between the lip and gum. Considerable bleeding took place as the lip was dissected up, which was checked partly by torsion and partly by sponge pressure. The nostrils being reached in this way the cartilages were next separated from the bones, and the nose and upper lip raised together from the front of the nasal cavity. Much increased space was thus obtained for the removal of bone by forceps, but whilst I was engaged in this a considerable quantity of blood trickled through the posterior nares down the pharynx, and expiratory efforts drove some of this out in the form of spray, to the great discomfort of the operator and lookers-on. All danger from this source was, however, effectually stopped by a sponge, to which a string was attached, being forced up behind the soft palate. Several small fragments of bone and three of larger size were removed by forceps. One of these fragments was almost square, being half an inch on two sides and five-eighths on two other sides, with a thickness of three-eighths. Another piece was triangular, measuring on its sides half an inch, five-eighths, and three-eighths. A third piece was irregular in outline, and about half an inch in length. Afterwards the lip was replaced, and a pad of lint being placed over it a piece of strapping was carried across to retain it in position. The patient was ordered a mixture containing iodide of potassium and iodide of iron, and his nose was frequently washed out by Thudichum's method. On the 19th, and again on the 27th, of September, small fragments of bone came away from the nose, and the discharge continued offensive.

On October 7th, a large loose piece of bone being felt, I succeeded in removing it with forceps through the right nostril, and it proved to be a necrosed turbinated bone. On the 10th more dead bone was detected, but the piece were too large to be extracted through the nostril. One or two attempts were made to remove this piece with forceps, but on each occasion much pain and a good deal of bleeding were caused without any result. Accordingly on the 18th chloroform was administered, and Rouge's operation again performed. A black offensive piece of bone, an inch and one-eighth by three-quarters of an inch, was extracted, besides three or four smaller fragments. The lip was afterwards strapped down, as before. The patient had no rise of temperature after the operation, and left the hospital on the 25th much relieved, and free from the offensive smell.

Finsbury-square, E.C.

[7] Medical Times and Gazette, Nov. 8th, 1862.

ON THE

CURE OF ABSCESSES ABOUT THE NECK WITHOUT CICATRIX OR OTHER DEFORMITY.[1]

BY F. J. B. QUINLAN, M.D., M.R.I.A.

EVERYONE has experienced the trouble and difficulty of curing abscesses about the neck, whether strumous or caused by the irritation of a diseased tooth, without deformity. If the abscess be allowed to burst a most disfiguring cicatrix is the result; and the same consequence, too, often attends the most carefully performed incision. Occasionally a very deep incision made with a sharp narrow and pointed knife is

[1] Abstract of a clinical lecture delivered in St. Vincent's Hospital, Dublin. Illustrated by two cases.

successful, but not more so than the plan adopted in the following two cases.

Kathleen D——, aged eighteen, of Rathowen, co. Westmeath, was admitted into St. Vincent's Hospital at the beginning of the present winter session suffering from a large and painful swelling of the left lower jaw. There was considerable heat and pain on pressure, and the mouth could not be opened. In the centre of the swelling very deep-seated fluctuation could be felt. Spirit lotion was applied on lint until October 5th, when the purulent matter could be felt a little more than half an inch from the surface. A thin curved needle, about three inches in length, was threaded with fine silver wire, mounted on a handle, and passed deeply into the swelling from above downwards so as to admit of drainage. The wire was thus got through the abscess, and the ends were tied together outside the skin. Spirit lotion was now applied on lint and changed three times a day. From the first there was a small quantity of pus on the lint, and this increased every time until in about a week the abscess was entirely drained. A watery discharge now ensued for three days longer, when the edges of the little wounds began to pucker in. The wire was now removed, and a compress applied over the site of the abscess, and between the two openings, which shortly afterwards closed up, leaving two cicatrices, each about the size of the head of a large pin. These cicatrices were at first red, but gradually became white. She was now able to open her mouth, and it was found that the diseased stumps of the second bicuspid and first two molars remained in the alveoli. These were removed, and she shortly afterwards returned home, all swelling gone and with no appearance of the disease, except the two minute cicatrices already mentioned. She is now in excellent health.

Annie D——, aged thirteen, a pupil in a large boarding school, was shown to me on Dec. 5th, 1881, with a swelling under the jaw, the result of a diseased tooth. It was in a much earlier stage than the former case, and, while fearing it was too late, I ordered three leeches to be applied, the bites to be allowed to bleed as long as they would, but no stuping or poulticing. When the bleeding was over I directed mercurial ointment to be gently rubbed in with the point of the finger three times a day. This was, of course, for the purpose of producing resolution, and might have succeeded. Unfortunately the mother of the child, who had a great prejudice against mercury in any shape, prevented the latter part of the treatment, and, as a result, suppuration occurred. The same plan was adopted, the matter being got at a good deal deeper. The result was perfectly successful, and I mention the case because, shortly before last Christmas, I was shown the same patient suffering from a slight attack of bronchitis. Curiously enough, it was on the anniversary of the former operation, and I was positively unable to tell by ordinary external inspection on which side the abscess had been. She pointed out the spot, and I could then see with a lens the two cicatrices, reduced by contraction, to minute white points. The offending tooth had, of course, been extracted at the time of the operation, shortly after the removal of the silver wire.

The great point in this procedure is to introduce the little silver seton immediately after suppuration has commenced, and while the matter is still at least half an inch from the external surface. If it be allowed to come nearer, absorption of the areolar tissue will occur, and will leave a hollow over the site of the abscess. Nearer still, the true skin may be injured, and then there will be, in addition to the hollow, a red mark, which will last for a long time. If the seton be introduced exactly as in these two cases, there will be practically no mark whatever. The needle is best introduced mounted on a temporary handle, like that which holds the mirror of a laryngoscope. If held in the fingers it is hard to get the necessary depth. In the case of D—— the abscess was exactly over the facial artery; but there would have been no danger in introducing the needle double the depth, for the amount of plasmic matter effused lifted the part well away from that vessel. From first to last there must be neither poulticing nor stuping. This method has never failed in my hands, and I could give other cases, but they would be mere repetitions. Miss D—— was the first instance in which I used it, and I merely mention her case to show the satisfactory state of things a twelvemonth afterwards. One of my other cases was done with strict antiseptic precautions, but, as far as I could see, without any corresponding benefit.

Dublin.

EPIDEMIC OF HERPETIC FEVER.

BY G. H. SAVAGE, M.D. LOND., &C.

I PROPOSE in this note reporting briefly an epidemic which invaded King Edward Schools, Bridewell (Hospital,) Witley, Surrey. I may premise by saying that this resembles the disease described by Trousseau as herpes of the pharynx, but seems to have been unusually severe in its nature. I shall be glad to know if any similar epidemics have occurred in other parts of England. Between Nov. 13th and Nov. 27th, 1882, thirty-nine boys were affected, but only nine cases were complete—i.e., had all the symptoms. The general nature of a case was as follows: A boy would rise in the morning somewhat languid, and suffering from headache. He would have little or no appetite for breakfast, and complained of cold; in an hour or two he would shiver, and later vomit; the vomiting generally passed off after one severe attack and did not recur; the bowels were never loose, generally natural or confined. Little or no solid food would be taken during the day, and the temperature would be found to be high—from 102° to 104·8° F. There was great thirst, and the face became flushed. At night there was restless tossing or even active delirium; in the morning the temperature would be rather lower than at night, and there would be signs of herpes about the lips or lobes of the ears. These herpetic patches consisted of several vesicles aggregated into a patch, and there were often several of these patches. In two cases there occurred scattered vesicles on the inferior extremities. About the same time the patient complained of sore-throat, and this was found to be swollen slightly, red, but not having the appearance of a scarlet fever throat, the tongue was moist with some white fur, the appetite remained bad during the second day, and the temperature slowly fell, rising sometimes on the second night again. On the third morning the herpetic patches had matured, and the throat either presented a dull red œdematous appearance or else exhibited one or two small spots, probably herpetic, the tongue was cleaner, and in only one case did I see any prominent red papillæ at and near the tip. By the fourth day the temperature was normal, the patient convalescent. No cases relapsed, and none had complications. There were no evidences of lung inflammation. No local causes could be discovered, for though at first nearly all the cases appeared in one large block, all the later ones were in a new building. No similar epidemic was present in the neighbourhood, and though the urinals had not been well flushed I could not trace any direct connexion between bad drainage and the origin of the epidemic. Another point of interest in the epidemic was the fact that those attending on the boys suffered more or less from a similar disorder. Thus our chaplain writes to say that his daughter, who tended the cases, suffered, and also two of his servants, who were not brought into contact with the boys, but with the lady nurse only; besides these several other members of the training staff and their families suffered. In these milder cases, shivering, pains in the head and the stomach, sore-throat, and rise in temperature, and in nine herpes of lips, made up the symptoms. Great prostration followed in all cases. Albumen was not found in the cases examined for it, but I suspect that there being no resident medical man the urine was not examined constantly.

Bethlem Hospital, St. George's-road, S.E.

ON A CASE OF

DAMAGE TO THE HEART FROM THE INHALATION OF NITROUS OXIDE.

BY WALTER OTTLEY, M.B., F.R.C.S.

IN THE LANCET, vol. 1, 1876, p. 689, Mr. Cartwright makes some important observations on some of the serious consequences which may follow the inhalation of nitrous oxide, particularly with reference to the effect of repeated inhalations on a heart whose walls are already weak, though its valves may be competent. I have lately met with a case which appears of considerable importance, as showing the effect that several inhalations of gas may have on a heart

whose valves have been affected without there being much consequent affection of the walls.

Miss F. O——, aged twenty, had her first well-marked attack of rheumatic fever in July, 1876. After it had lasted more than three weeks the fever recurred, and it was during this attack that endocarditis was first set up; a mitral murmur of considerable intensity remained after her recovery. In January of the following year she had a second attack of acute rheumatism, which passed off, leaving the murmur in much the same condition; but, as she continued to have rheumatic pains and a good deal of palpitation and dyspnœa, she was sent to Bath, where, under Dr. Spender's advice, she derived much benefit from the baths and other treatment, "the heart became stronger and the murmur less intense," as he has been kind enough to inform me. A second visit in the following year was also attended with benefit, and my partner, Mr. Bartlett, under whose care she had been all this time, found that on her return the mitral murmur was no longer audible. On Oct. 7th, 1882, I was asked to examine her heart in order to decide whether she might safely inhale nitrous oxide preparatory to having some teeth drawn; and as at this time no murmur was audible, and her heart, though somewhat enlarged, appeared in good condition, I had no hesitation in advising her to have the operation performed under nitrous oxide. Accordingly on October 17th she had two teeth extracted while under the influence of the gas, and again two on the 21st, when evidently something did not go quite right. The administration had to be interrupted. The patient felt some pain at the time, and complained afterwards of violent headache and a feeling of confusion, though after the first administration she had recovered quickly. She experienced palpitation in bed two nights after this. A few days later she returned home from the town where the teeth had been extracted, and on October 28th I was asked to examine her chest, as she had been coughing a good deal, and had further attacks of palpitation, and to my surprise found that a loud mitral murmur was again present, conducted towards the left, though not audible at the angle of the scapula; the apex beat was in the nipple line, where it had been before.

I should add that in this patient the murmur has the peculiarity of being very much louder in the recumbent than in the erect position. This to some extent may explain the apparent disappearance of the murmur previously to the administration of the nitrous oxide, as she was only examined by me while sitting up; but I have no doubt that this does not account for all the difference that is now perceptible, for at present not only is a distinct systolic apex murmur audible whilst she is standing, but also she complains that her palpitations and shortness of breath have returned much as before. It appears to me therefore quite clear that the nitrous oxide must be held to be responsible for her present condition; and I have advised her for the future to submit to the pain of extraction rather than to run the risk of further damage by inhaling any anæsthetic.

Ladbroke-grove, W.

ON A CASE OF

SPINA BIFIDA SUCCESSFULLY TREATED BY INJECTION.

BY E. MUIRHEAD LITTLE, M.R.C.S. ENG., &c.,
OUT-PATIENT SURGEON TO THE NATIONAL ORTHOPÆDIC HOSPITAL.

M. E——, aged three weeks, was brought to the hospital last May suffering from spina bifida. The child was well nourished but somewhat pale. There was a large sac in the lumbar region, the bone deficiency extending from the second lumbar to about the second sacral vertebra, the tumour being three inches in diameter, nearly circular, and standing out fully one inch from the body. It rather overlapped the edges of the fissure and was very tense. Its walls were very thin, membranous, and transparent, and on its summit was an ulcerated surface as large as a halfpenny. The tumour appeared in no way affected by the child's crying or inspiring. Both lower extremities were affected with talipes varus of the usual pronounced congenital type. The mother stated that the tumour was increasing, and that the child moved its lower limbs very little. She readily consented to an operation as affording a chance of cure. The patient was admitted on June 1st, and by the courtesy of my colleague, Mr. F. R. Fisher, I retained the care of the case. The following notes will speak for themselves:—

June 1st: The sac was aspirated, and six drachms of clear fluid removed; remains about three-fourths full. No ill effects followed.—3rd: The sac refilled; it was again aspirated and one ounce and a half of fluid removed.—6th: The patient is very unwell. Starts at slight stimuli. Does not sleep, but cries continually.—14th: Is again in usual health, sac aspirated and six drachms removed. No ill effects.—21st: Sac refilled. Half emptied and twenty minims of Morton's iodo-glycerine solution injected.—22nd: No bad symptoms.—23rd: To be out-patient.—27th: Sac much smaller, its walls thicker and redder. The sore has healed.—28th: Tumour has not shrunk for the last day or two; half a drachm of solution injected and collodion freely applied. From this date the tumour rapidly shrank, until the skin over the fissure was level with the rest of the back. The treatment of the talipes has since been proceeded with, and the necessary tenotomies, &c., have produced no bad effects. Simple evacuation of fluid was first tried as recommended by Dr. Morton. It would, perhaps, have been as well to have proceeded to inject at first.

NOTE ON A CASE OF RUPTURE OF THE HEART.

BY OGILVIE GRANT, M.B., C.M.

A CASE of rupture of the heart, which differs in some respects from Dr. Coupland's case in THE LANCET of Dec. 5th, 1882, and in one respect from most recorded cases, came recently under my notice. Dr. Coupland, quoting Dr. Quain, says, "He also points out, what all writers from Morgagni downwards have noticed, that the exciting cause of the rupture is some sudden mental excitement or physical effort." In the case which came under my observation neither of these conditions was present. The case was that of a corpulent woman, about sixty years of age, who had never complained of, and was not known to be suffering from, heart disease. She retired to her room much in her usual health, and next morning was found dead in bed. From the position of her bedroom if she had called out she would have almost certainly been heard. At the autopsy the pericardial sac was found distended with large clots of blood. The heart was hypertrophied, and on the surface there was a large quantity of fat. On the posterior wall of the left ventricle, about two inches from the apex, there was a rent, about an inch in length, through which a finger could be introduced into the cavity of the left ventricle; the sides of the rent were irregular and very friable; the valves were healthy and no atheroma was observable. In this case the age and sex of the patient, and situation of the rupture, agree with most recorded cases. The cause—true fatty degeneration—was determined by microscopical examination, and also agrees with most published cases, but the peculiar feature of the case is the fact that the rupture took place during sleep, when the heart would be supposed to be most free from exciting causes, and thus differs from most recorded cases.

Inverness.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The usual quarterly court of directors was held on Wednesday, Jan. 10th, at 5 P.M., Dr. Pitman, vice-president, in the chair. Grants to the amount of £1262 were made to sixty widows, five orphans, and three orphans on the Copeland Fund. There were no fresh applications for relief; the death of one widow in receipt of £40 per annum was reported. The expenses of the quarter were £80 10s. The deaths of four members and the resignations of two were announced, and one new member was elected. A Christmas present of £320 had been made in December last to the widows and orphans already on the funds of the society.

SUPERANNUATION ALLOWANCES.—Mr. John Hatton, late medical officer for the Coleford District of the Monmouth Union, and Mr. T. L. Walford, late medical officer for the workhouse of the Reading Union, have received superannuation allowances, the former of £26, and the latter of £87 a year.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

A CASE OF ILIO-FEMORAL ANEURISM, WITH GANGRENE OF THE FOOT, DEVELOPED IN A PATIENT SUFFERING FROM CARDIAC DISEASE AND ALBUMINURIA, AND IN WHICH LIGATURE OF THE EXTERNAL ILIAC ARTERY AND AMPUTATION OF THE THIGH WERE PERFORMED.

(Under the care of Dr. BRISTOWE and Mr. SYDNEY JONES.)

H. F——, aged twenty, a female, married, was admitted under the care of Dr. Bristowe on May 5th, 1882, when the following history was obtained:—Her mother suffers severely from rheumatism, but with that exception the family is a healthy one. The patient had an attack of rheumatic fever when fifteen years old, and has been subject to rheumatism since. Her heart has been affected for many years. The present illness dates from soon after her confinement, ten weeks ago. It began with swelling of the right leg, then her foot became dead, and this loss of feeling extended up to the knee; the foot then became dark, and feeling returned in the upper part of the leg. Three weeks before admission the foot was "blackish-purple" in colour, and very painful, the pain, which was of a shooting character, extending up the leg. Latterly, the pain has been less, and the foot less purple. Has been perspiring a good deal lately, and for two nights has had a sharp pain in the left side of her chest.

On admission, the condition was thus described:—The patient is exceedingly pallid, much freckled, conjunctivæ anæmic, looks ill, and complains of pain in the right foot. The anterior part of the right foot is gangrenous. There is a distinct line of demarcation running across the foot, a little posteriorly to the roots of the toes. In front of this line the skin is turning black, and is quite black in places; there are a few vesicles filled with serous fluid in the dorsum; it is not sensitive. Posteriorly to this line the skin is hard and brawny; sensation is present. The leg is quite warm; the knee is contracted, and cannot be extended fully. In the right groin in the situation, and in continuation with the common femoral artery, there is a pulsating tumour about the size of a small walnut; there is a systolic thrill felt over it, and on auscultation there is a loud systolic murmur, which can be traced down the artery nearly as far as the knee. The artery can be felt pulsating for two or three inches below the tumour. Chest expands fairly well; some episternal pulsation, and a little pulsation in the sides of the neck. Heart: apex beats in the nipple-line between the fourth and fifth ribs; dulness extends to half an inch to the left of the sternum, and upwards to the third rib. At the apex a loud systolic blowing murmur conducted into the axilla, and all over the cardiac area. No murmur at base. Pulse 101. Lungs resonant, breathing vesicular; abdomen retracted; liver dulness normal; tongue dryish, furred, white; bowels open; appetite bad; sleeps poorly; mind clear. Urine, sp. gr. 1022, acid, contains pus and albumen. Temperature 101·4°.

May 9th: The specific gravity of urine only 1005; no casts in albumen. Patient feels drowsy, apparently in less pain.

May 10th: Mr. Sydney Jones saw the case in consultation with Dr. Bristowe, and gave as his opinion that the tumour in the groin is a fusiform dilatation of the femoral artery; it is very painful and tender. The anterior part of the foot is black and cold, and the line of demarcation between the gangrenous and living parts is well marked; there is little pain in the foot. The patient says that she noticed the aneurism a week after her confinement, but she varies a good deal in her statements as to the time.

May 24th: The aneurismal swelling changes considerably, being nearly four times as large as it was on the 10th; it is somewhat irregular in shape, hard, and tender, and the pulsation is less marked in it, and there is no pulse to be felt in the arteries of the leg. The foot remains in about the same condition, whilst the temperature of the right thigh is two degrees higher than that of the left. She complains of tenderness in the knee, and is light headed.—25th: General condition remains the same; there is some pulsation in the anterior tibial. Pulse 115.—26th: Delirious for the last twenty-four hours. Had a very bad night. Complains of general tenderness. No change locally. Bowels confined.

June 1st: Patient still light-headed, has picked the epidermis off her foot and ankle, and whines very much. The swelling in the right groin is increasing.

June 2nd: Transferred to a surgical ward under Mr. Sydney Jones. The line of demarcation in her right foot has deepened, the aneurism is the size of a closed fist, and occupies the whole of Scarpa's triangle, passing upwards under Poupart's ligament. She has become much more querulous, and is in a semi-idiotic condition, with a great deal of pain in the aneurism. It is urgently necessary for something to be done. There is gangrene of the foot, presenting a tolerably distinct line of demarcation; there is a large inguinal aneurism on the same side rapidly increasing in size, extending above Poupart's ligament, and involving quite the upper third of the thigh. The merits of the case were considered in all directions, and it was decided that the best course to pursue was to put a ligature upon the external iliac, and then to amputate the thigh in the lower third. This Mr. Sydney Jones proceeded to do. Ether having been administered, the external iliac artery was reached by an incision of curved linear form, extending from a little behind the anterior superior spine of the ilium to a point corresponding to the middle of Poupart's ligament; the structures were carefully divided in a direction drawn to the inner side, and the exposed artery ligatured with a thick catgut ligature. A small drainage-tube was placed in the wound, which was closed by alternate silk and catgut sutures. The operator then amputated the thigh at the junction of the middle and lower third, a long anterior skin and muscle flap, and a short posterior. The latter made by transfixion. The flaps were united by alternate silk and catgut sutures. Drainage-tubes were used. The operations were carried out with strict antiseptic precautions, the abdominal incision having been dressed before the amputation was commenced. The patient suffered a good deal from shock, especially when the bone was divided.—3rd: She slept for half an hour after the administration of one-sixth of a grain of morphia subcutaneously, and dozed a good deal afterwards. She had a quiet night. There has been no sickness. Pulse 110, small.—4th: The patient took beef-tea well until the evening; she then complained of nausea. She was quiet, and progressing favourably. The stump was dressed in the evening, and the silk sutures removed.—5th: She seemed more sensible, and was not so querulous.—On the 6th and 7th she was more drowsy, and inclined to delirium; she was not taking nourishment well. Pulse small and weak.—9th: The wounds were dressed, both looking well; the abdominal incision had nearly healed. The patient said she felt better. She was taking plenty of nourishment.—10th: The urine was rather dark when passed early in the morning, and quite pale when passed later in the day. Pulse 130; respiration 40.—12th: The patient was not quite so well. She took her food less readily, and complained of pain across the epigastrium, for which a linseed poultice was applied. Pulse 108; respiration 36; urine, sp. gr. 1015; albumen $\frac{1}{10}$.—13th: The patient was very restless in the morning, but was quieter towards evening. Pulse in the morning, 168.—14th: She had been very restless all night, and was breathing very rapidly, 50 per minute. She complained of a feeling of sickness, and of pain in the chest. Pulse extremely quick (?210).—15th: Looking pale and pinched, hands are cold. Takes her food fairly well, and is not so restless, slept a good deal during the night. Complains of a good deal of pain in the abdomen, which is considerably distended. Antiseptic dressings changed for chlorinated soda lotion, no pus comes from the wounds, which look inactive.—16th: Slept fairly well last night after an injection of morphia, looking rather more pinched this morning. Hands very cold, and pulse so small that it cannot be counted. Respiration very rapid and shallow, from 36 to 40 per minute. Takes milk fairly well, but refuses wine, which she says increases the pain in the throat, of which she is now complaining. Bowels acting naturally.—17th: Patient died quietly whilst asleep at 9.30 A.M.

The temperature, which on admission was 101·6°, rose the

same evening to 102°. Although higher in the evening than in the morning, it did not again exceed 101·6°, until the evening of the 9th, when she had her highest recorded temperature, 104·4°. After this date the record shows a hectic character, being three to four degrees higher in the evening than in the morning, falling slightly lower from night to night until the evening of the 30th, when it was again 101·6°. Next day, however, it rose from 98·8 A.M. to 103·6° P.M., without apparent cause, falling on the 31st to 99°, and only rising to 101° P.M. On the morning of the operation, June 2nd, it was 98·8°, and in the evening 98°. After the operation the course was more erratic.

Morning and Evening Temperatures.

	A.M.	P.M.		A.M.	P.M.
June 3rd	100°	100°	June 11th	98·6°	101°
,, 4th	97·6°	98·8°	,, 12th	99·8°	100·6°
,, 5th	98·4°	99·8°	,, 13th	100·2°	99·6°
,, 6th	98·8°	100·2°	,, 14th	97·8°	99·4°
,, 7th	100·8°	100·2°	,, 15th	99·4°	98·4
,, 8th	97°	101°	,, 16th	98·8°[1]	96·8°
,, 9th	98·4°	97·4°	,, 17th	99°	—
,, 10th	98·6°	102°			

[1] 96° at noon.

The post-mortem examination, made by Dr. Haddon fifty-three hours after death, showed, in addition to the local condition, considerable visceral disease. Body much emaciated, commencing putrefaction. Left pleura adherent all over by old adhesions; right contains ten ounces of blood-stained fluid. The left lung very œdematous; right fairly normal. Pericardial sac closed by old adhesions, which are œdematous. Heart very flabby and soft from decomposition. Left ventricle hypertrophied; the free end of the mitral valve was soft and thickened, there were distinct vegetations on the auricular aspect of the valve, exact condition obscured by post-mortem change. No peritonitis. Liver soft and decomposed; no infarcts. Spleen large, contains numerous infarcts, hard, decolourised, and undergoing contraction. Kidneys: capsules not adherent; in the cortex were numerous fairly old infarcts, some typically wedge-shaped. In the right iliac fossa the ligature was found loose, and a drop or two of pus were seen near this spot. The right common iliac was filled with dark, soft, very slightly adherent clot, no where decolourised, and showing no signs of organisation. The clot also extended into the internal iliac. The vessel was evidently ligatured at a spot an inch and a quarter from the aneurism, for here the course of the artery was interrupted, and not to be found; just above the artery was filled in (as before mentioned) by soft dark clot, but below the lumen of the vessel was much contracted, and contained partially decolourised and organised coagulum. The aneurism itself was diffuse, and without defined walls. It bulges from the inner side of the femoral at its commencement, and to a less extent from the end of the external iliac. The aneurism was about the size of a small orange. Externally there was a layer of white, firm, laminated clot; towards the centre the clot was only partially decolourised; whilst quite inside, and filling in the cavity, was some blood, apparently recent coagulum, very slightly adherent to the middle layer. The corresponding femoral artery was apparently healthy, and showed no signs of degeneration. During the removal of the vessel with the aneurism an abscess was opened, from which two or three teaspoonfuls of blood-stained pus escaped; the site of the abscess was the iliac fossa, just above Poupart's ligament; it was external to the artery, and, on further examination, was found to burrow downwards, still lying external to the aneurismal sac, and in no way communicating with it.

NORTH STAFFORDSHIRE INFIRMARY.

A CASE OF ADDISON'S DISEASE; PIGMENTATION OF THE SKIN FROM THREE TO FOUR WEEKS' DURATION; SUDDEN DEATH FROM SYNCOPE; NECROPSY.

(Under the care of Mr. WEST.)

FOR the following notes we are indebted to Mr. G. S. Hatton.

E. P——, aged fourteen years, a young girl of no occupation, residing at Hanley, was admitted May 13th, 1882, complaining of general weakness, with pain in the epigastrium and vomiting after food. Her family history was good. The parents were both of English birth, and their skin was not unduly pigmented. So far as could be ascertained there was no hereditary predisposition to phthisis. The patient had always lived in Staffordshire. Her mother stated that the patient had been strong and healthy as a child, and had never suffered from any illness requiring medical treatment until two years ago, at which time she became an out-patient at the infirmary for "fainting fits," and, although improvement followed, she has never quite recovered. Within the last few months she has attended in the surgical department for abscesses in the arm. Three weeks before admission she commenced to suffer from sickness after food, with anorexia, pain in the epigastrium, and general weakness, and, to quote her mother's words, "since then she has been getting a bad colour." Her complexion was not at all dark until after the sickness and other symptoms commenced. "She was never a stout girl, but had lost flesh slightly." Catamenia not appeared; "a slight cough at times."

On admission the patient was thin, but not emaciated. Hair brown in colour, and rather dark. All symptoms before mentioned were still in existence; she always felt cold, but did not shiver; temperature in axilla 98°. The sickness was not very troublesome while in the hospital, but the debility was extreme, so much so that she could not walk without help, and felt faint on the slightest exertion. The pulse was feeble and rapid, but quite regular; the tongue clean and moist; the bowels natural. There was no œdema of face or extremities. The conjunctivæ were perfectly white. The general pigmentation of the skin was a symptom which immediately attracted one's attention, and it varied from a light-brown to a deep bronze-colour. On the arms were some three or four superficial abscesses, varying in size from a half-crown to a five-shilling-piece, and from one of these issued a scanty discharge, having the appearance of ichorous pus. The skin on the surfaces of these abscesses was deeply bronzed, but in several places where old abscesses had healed the cicatrices were almost devoid of pigment. The greatest amount of pigmentation was observed in the neck, axilla, and lumbar regions, while the skin was also very dark near the nipples and the umbilicus, also along the margin of the lips, at the angles of the mouth, and at the internal and external angles of the orbit. On the arms the colour was deeper in tint over the extensors than the flexors, and while the skin over the dorsum of the hands and fingers was very dark, that on the palmar surfaces was almost of its normal appearance. The legs generally were less stained than any other parts of the body, but at the hip, knee, and ankle on either side there was some deep pigmentation, distributed as follows: In the first and last situations named, it consisted of a broad band extending transversely in front of the joint, and at each knee there were two similar bands, commencing on either side of the popliteal space and gradually becoming lost towards the patella. The popliteal space itself was but little altered in appearance. On the neck and in the axilla were some few patches of even a deeper tint than the surrounding skin, and with fairly abrupt and well-defined margins; but in most parts of the body the transition from one degree of pigmentation to another was gradual and ill-defined. In the mucous membrane of the mouth a line of pigmentation extended backward from each angle for about an inch, besides which some small brownish patches were visible with an irregular but distinct outline. A physical examination of the chest revealed the existence of slightly impaired resonance over apex of right lung; but no abnormal sounds were heard on auscultation. The respiration was shallow, and the expansion of the chest-walls deficient. The heart was not enlarged, and there was no murmur. There was tenderness in each flank and in epigastrium, but otherwise the abdomen seemed natural. The urine was clear and of acid reaction; specific gravity 1028; no albumen. During the week that the patient was under treatment the sickness improved, but the bronzing of the skin and all other symptoms increased. On the seventh day she died suddenly, apparently from an attack of syncope. The treatment adopted was a light but nutritious diet, and a mixture was ordered containing arsenic and iron.

At the necropsy, made twenty-four hours after death, the body was somewhat thin, but not emaciated; the rigor mortis was still present. The pigmentation was more intense than on admission. An examination of the vagina and uterus showed the mucous membrane of both of these organs to be highly pigmented, and the same condition was noticed in the peritoneum, more especially in the neighbourhood of

the generative organs. The right lung presented a caseous deposit at the apex, and a few patches of miliary tubercle throughout the organ. The heart, liver, and kidneys were all normal in appearance, but the spleen was congested and large. The supra-renal bodies were both enlarged, and adherent to the surrounding structures. In each gland was a cavity containing about a drachm of fluid, resembling chyle, while the gland substance itself was thickened, hard, and nodular. The weight of the two bodies was nearly an ounce, the right being slightly larger than the left. Under the microscope the fluid consisted chiefly of fat cells, pus, and granular matter. A transverse section of the gland showed what appeared to be a caseous deposit around the wall of the cavity, and a deposit of tubercle in the gland substance.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Bromide Rash.—Epithelioma of Bladder.—Syphilitic Disease of the Cerebral Arteries.—Syphilitic Inflammation of the Capsule of the Liver.—Keloid after Scraping for Lupus.

THE ordinary meeting of this Society was held on the 16th instant, J. W. Hulke, Esq., F.R.S., President, in the chair. There was a long list of specimens, but, as a prolonged and animated discussion took place upon a case of presumed Syphilitic Disease of the Liver, shown by Dr. Sharkey, a large number were held over to the next meeting.

Mr. HULKE, the newly elected President, addressed the Fellows as follows:—"Gentlemen,—On taking for the first time the Presidential chair to which your votes have lately elected me, allow me to return you my very warm thanks, and to tell you how much I am touched by this mark of your confidence and appreciation. I feel it to be a distinction so far beyond the desert of any work I may have accomplished in connexion with our Society, that I cannot put aside the idea that I must in some measure owe it to the friendships it was my happiness to make during the many years I was in office as councillor, secretary, and treasurer. On the threshold of my occupancy I must ask your indulgence for an omission—I refer to the inaugural address, as given, I am informed, by my two immediate predecessors in office. It is only a very few days since I first learned this to me new practice, and the interval has been too short for me to prepare anything in the guise of an address worthy of your attention. I shall, however, cherish the hope of endeavouring to atone for the present omission at the close of my tenure of office."

The report of the Morbid Growths Committee upon Mr. Kesteven's specimen of Hæmatoma of the Spinal Canal was read by Mr. Godlee. The report described the characters of the tumour which had invaded the spinal column, and which was found to be of a sarcomatous nature. An interesting feature was the discovery of masses of micrococci in the growth, suggestive of some septic infective process towards the close of life. The report was signed by Messrs. Beck and Godlee.

Dr. HORROCKS showed a case of Bromide Rash in an epileptic girl, thirteen years of age, who for the past three months had been taking the bromide of potassium in fifteen-grain doses three times a day. The rash appeared on the leg four weeks after the commencement of treatment. There was no history of congenital syphilis.

Mr. BERRIDGE exhibited a specimen of Epithelioma of the Bladder. The patient had suffered from attacks of hæmaturia for upwards of two years before his death, which occurred rather unexpectedly, the man being at work as a porter within a week of the event. A ragged ulcerated surface two inches in diameter was found in the bladder, and there was inflammation of the right kidney. Dr. Mansell Moullin had made a microscopical examination, and pronounced the disease to be a villous epithelioma.—The PRESIDENT observed that the case was of clinical rather than pathological interest, and remarked upon the difficulty of diagnosing the extent of disease in such cases, and the impracticability of operative interference in a case like the present.

Mr. BERRIDGE also showed as card specimens a specimen of Cartilaginous Aortic Valves from a man who died suddenly; and a Foreign Body (a "coin-catcher") extracted from the œsophagus.

Dr. SHARKEY showed microscopical specimens of Syphilitic Disease of the Cerebral Arteries, from a man, thirty-six years old, who first came under Mr. Nettleship's care at St. Thomas's Hospital with commencing retinitis, and a syphilitic eruption, three months after contracting syphilis. Three weeks later there was commencing iritis, and it was thought that cyclitis would supervene. He complained of pain in the head, but ceased attendance for some weeks, when he returned to the hospital with the eye well, and with pain in the right side of the head. The ophthalmoscope showed no changes in the eye, and he was transferred to Dr. Payne's care. A few days later he was attacked with convulsions, and became semi-comatose. He was admitted into the hospital, and was found to be hemiplegic on the right side, and to be mentally enfeebled. The left pupil was smaller than the right. There was no loss of sensibility. There was much albuminuria. He became increasingly comatose, the temperature rising to 107° before death, which occurred eight days after admission, being preceded by an attack of general convulsions. At the post-mortem examination the arms and trunk were observed to be covered with a copper-coloured rash; the lungs contained small hæmorrhages, and the kidneys were slightly granular. The dura mater was thick and adherent, but there was no meningitis. The left middle cerebral artery was partially blocked by a firm white thrombus, and there was softening of the outer part of the lenticular nucleus on this side, but not of the cortex cerebri. The right middle cerebral artery was completely plugged by recent thrombus, and there was extensive softening of the hemisphere, as well as of the lenticular nucleus. The ventricles were distended with fluid. The affected arteries showed on microscopical examination two distinct kinds of change—viz., a chronic fibroid thickening of the sub-endothelial connective tissue of the intima, and a recent round cell infiltration of the adventitia. This latter change varied in extent in different parts of the vessel, in places penetrating the muscular coat and separating its fibres. In the right artery the change was limited to the outer coat, but the left in which the thrombus was organising presented extension of the process in the middle coat, as well as masses which might be regarded as gummata. Arterial disease is usually regarded as a late event in syphilis, but in this case only seven months had elapsed since infection. The symmetrical involvement of the vessels was also of interest in connexion with this early occurrence. The external coat of the vessel was here the starting point of the change, and not the inner coat as usual.—Mr. GODLEE mentioned the case of a gentleman who, at the age of sixty, contracted syphilis, symptoms of nervous disease appearing within seven months of the primary attack. The order of his symptoms was as follows: pain in the head, then severe iritis, then cutaneous eruption, and while this was present he was attacked with hemiplegia and aphasia followed by mental derangement, for which he is now in an asylum.—Mr. KESTEVEN inquired as to the results of ophthalmoscopic examination in Dr. Sharkey's case.—Dr. ORMEROD had lately published in *Brain* the record of a case where, in addition to endarteritis of the cerebral vessels, as described by Heubner, there were masses of small round-celled infiltration in the external coat. This change had produced no obvious narrowing of the vessel, nor thrombosis, nor cerebral softening, but may have so interfered with the circulation, by the loss of arterial elasticity, as to starve the brain and produce the symptoms of prolonged somnolence and stupor that were exhibited.—The PRESIDENT instanced the case of a young footman, twenty-two years of age, admitted into the Middlesex Hospital, under his care, with left hemiplegia and diplopia, having contracted syphilis about seven or eight months previously. He was transferred to Dr. Cayley's care, and died shortly afterwards. In that case there was extensive syphilitic disease of the cerebral arteries.—Dr. SHARKEY, in reply, said that there were no changes in the fundus of the eye, ophthalmoscopic examinations being regularly made. He had not been able to establish any connexion between the change in the adventitia and that in the intima. He expressed his belief that such early involvement of the vessels in syphilis was not very rare.

Dr. SHARKEY also exhibited a specimen of Syphilitic Inflammation of the Capsule of the Liver. The patient, a man fifty-five years old, came under Dr. Murchison's care at St. Thomas's Hospital in 1876 with diarrhœa, and mottling

of the abdomen. There was a history of gonorrhœa, but none of syphilis. The liver was greatly enlarged, extending to the umbilicus, and a tumour could be felt in connexion with it between that spot and the xiphoid cartilage. There was no pain, no ascites; and Dr. Murchison suggested that the case was one of a rare form of cirrhosis limited to the left lobe of the liver. Two years later he was admitted under the care of Dr. Bristowe, having been well in the interval to within three days of his admission, when he had a severe attack of hæmatemesis. The abdomen was now distended: there was slight jaundice, and the liver reached to the umbilicus. There were also a few small retinal hæmorrhages. He died two weeks after admission from a recurrence of the hæmatemesis. At the post-mortem examination ascites was found, the spleen was firm, and the liver was much diseased; it weighed 6lb. 7oz.; its surface was coarsely nodulated, its outline distorted. The capsule was greatly thickened, and there extended from the capsule into the substance of the organ, to the depth of an inch or more, an ingrowth of tough fibrous material, which microscopically presented a fibro-cellular and reticulated structure, the deepest parts being the most richly cellular. Numerous small caseating gummata were contained in this new growth, which penetrated into the hepatic lobules, the liver cells themselves showing hardly any alteration. The cirrhotic tissue was very vascular, and some of the hepatic vessels were amyloid. In some parts the bile-ducts were increased in number. Dr. Sharkey considered the changes to be very different from those of alcoholic cirrhosis, and that the presence of gummata decided its syphilitic origin, although there was a marked history of drink and none of syphilis. The process was diffused over the whole surface of the organ, and had extended in a remarkable way into its substance.—Dr. MAHOMED inquired if there were any other signs of syphilis, and thought the use of the term "gummata" in the description of the case was misleading. Small yellow patches occur in ordinary alcoholic cirrhosis, and the drawing shown by Dr. Sharkey was consistent with these being ordinary inflammatory material. He hoped to show a specimen of a liver he had recently met with, in which a portion of the greatly shrunken right lobe was almost completely severed by a strand of fibrous tissue from the rest of the organ. The left lobe was greatly enlarged, presenting the characters of alcoholic cirrhosis, and there was no evidence of syphilis in the body. Had the left lobe shown the same appearance as the right such a liver would have been called syphilitic; but he maintained that in all such cases there ought to be collateral evidence of syphilis before arriving at this conclusion.—Mr. BUTLIN thought it was rather a strong assumption to regard the appearance of these small gummata near the surface of the liver as conclusive of syphilis, and was surprised that no other signs of syphilis had been met with. He suggested that the specimen should be referred to the Morbid Growths Committee.—Dr. GREEN said that from his experience he would regard the naked-eye characters of gummata to be so characteristic that there could be no possibility of a mistake in the diagnosis. It would be interesting to learn if other members of the Society had seen localised fibroid changes in the capsule of the liver except in syphilis. Syphilitic lesions of the liver were quite familiar and unmistakable.—Dr. NORMAN MOORE suggested that in assigning syphilis as a cause of morbid changes the precise evidence in favour of syphilis should be stated, such as chancre, nodes, cutaneous eruptions, &c. In the absence of such evidence the syphilitic nature of the visceral lesion must remain undetermined. Capsular thickenings may be due to local pressure as well as to cicatrisation around gummata. It is generally stated that if the connective tissue dipped deeply into the substance of the liver it was probably syphilitic; but that a mere thickening of the capsule was generally due to local causes. But he had lately seen an instance where a capsular thickening, due to local pressure, had penetrated into the liver substance.—Mr. ROGER WILLIAMS mentioned two cases he had recently seen; in one the right lobe was completely atrophied and cirrhosed; in the other the same lobe was not only cirrhotic, but was covered by a very thick capsule.—Dr. S. WEST pointed out that there were only two affections giving rise to small caseating nodules—viz., syphilis and tuberculosis; and in some forms of chronic peritonitis the capsule of the liver becomes very much thickened, the thickening extending some distance into the liver.—Dr. GOODHART protested against the necessity of establishing other signs of syphilis in cases where there are gummata, the characters of which are distinctive, and the presence of which was quite conclusive of syphilis. Had it not often happened that the presence of these definite changes in the liver was quite sufficient to show that the patient had syphilis?—Dr. COUPLAND believed that the peculiar form of interstitial hepatitis associated with capsular inflammation in syphilis was quite distinctive, even in the absence of gummata or of specific lesions in other organs. He asked whether the testes had been examined in this case; for although the absence of fibroid change in these organs would not negative syphilis, the presence of it would be strong confirmatory evidence.—Dr. BUZZARD asked if any ophthalmoscopic examination had been made. The presence of old choroiditis or iritis had repeatedly clinched a diagnosis of syphilis.—The PRESIDENT, in calling upon Dr. Sharkey to reply, suggested that the specimen should be referred to the Morbid Growths Committee.—Dr. SHARKEY would be very pleased to have the specimen referred. He said there were no characteristic signs of syphilis elsewhere in the body; but he thought it absurd in the present state of knowledge to deny a syphilitic origin to such changes unless there had been evidence of secondary manifestations. There was not the slightest doubt as to the growths he had described being gummata. In no case of alcoholic cirrhosis that he had examined had he met with masses of connective tissue that could possibly be confounded with gummata. In this specimen they appeared as small masses of irregular outline, caseous in the centre, with a peripheral cell growth, which does not occur in other cases of caseous degeneration of inflammatory products. As Dr. West had said, such masses could only be syphilitic or tubercular, and a tubercular inflammation of the capsule of the liver lasting for three and a half years was unknown. Although the history was negative as regards a chancre, the patient had had gonorrhœa; and syphilis may be contracted with only this primary manifestation. He had no notes as to the condition of the testes or the penis. The ocular changes were limited to small retinal hæmorrhages.

Dr. CLUTTON showed a living specimen of Keloid after scraping of lupus of the cheek. The case was peculiarly interesting on account of the development of keloid in other parts of the body—viz., at the seat of incision-wounds in the shoulder and hand for the removal of necrosed bone, whereas in a similar wound in the leg, which had incompletely healed, no keloid occurred. The keloid developed in the cheek six months after the lupus had been scraped away. Mr. Clutton instanced the supervention of keloid in some cases of superficial ulceration of various kinds, as pointing to the probable tendency of certain individuals to develop this disease of scars. In some cases scars which have long been present may develop keloid synchronously with the appearance of keloid in a recently found scar.—Mr. CLEMENT LUCAS had seen four or five cases of keloid arising after scraping for lupus. In one case the keloid was quite as unsightly as the lupus itself, but it had since entirely disappeared. Mr. Clutton's case was interesting in the multiple development of keloid, and in the fact that at the wound which continued to suppurate the keloid did not develop. He strongly advised that no attempt should be made to remove keloid, as it invariably recurred.—Mr. BUTLIN suggested that the strumous condition of the patient might account for the keloid formation. Scars in strumous subjects are prone to become swollen and reddened. He had always regarded keloid as an evidence of constitutional weakness, and in the case mentioned by Mr. Lucas the disappearance of the keloid may have coincided with the patient's improvement in health.—Mr. MORRANT BAKER asked what form of lupus it was, for in a case where he had thoroughly excised a lupus patch there appeared a very unsightly keloid in the cicatrix. That, however, was a peculiar form of lupus hypertrophicus, and he would think it rare for keloid to occur after operation for lupus vulgaris.—Mr. B. SQUIRE said that keloid was not rare after scraping for lupus, whereas linear scarification was never followed by this unsightly affection.—Mr. SUTTON instanced a fact often pointed out by the late Mr. Critchett—viz., that the cicatrix following the operation of peritomy for pannus was at first very large and vascular, but in course of time, as the scar contracted, the vessels diminish in size and number, and the pannus, which at first appeared to be increased by the operation, was cured.—Mr. CLUTTON, in reply, said the case was one of true keloid, and not simply a thickened scar. It was the ordinary form of lupus.

Dr. S. WEST showed some specimens of the Bacilli of Tubercle prepared by Ehrlich's method.

CLINICAL SOCIETY OF LONDON.

Symptoms resembling Myxœdema.—Enlargement of the Lower Lip.—Transpatellar Excision of the Knee.

THE annual meeting of this Society was held on Friday, the 12th inst., Mr. J. Lister, F.R.S., in the chair. The last half hour of the time was devoted to the special business of the annual meeting. The cases described were: one of a child presenting many of the appearances of myxœdema, one of remarkable hypertrophy of the lower lip cured by operation, and one of excision of the knee-joint by an incision carried through the patella.

Dr. COXWELL related the case of a child, aged thirteen, with symptoms resembling those of Myxœdema. Until eight years of age she differed in no way from other children, and could read, write, and learnt arithmetic. A great change then came over her; she would often fall asleep even when eating her meals; her memory became defective, and if sent to do anything she would wander about in an aimless fashion. Later her speech became thick and indistinct, she suffered from headache, her head drooped forward on to her chest, her hands and feet became very cold, her legs became weak and her gait unsteady. She was lately a patient in the National Hospital for the Paralysed and Epileptic, under the care of Dr. Hughlings Jackson. The appearance of her face is very suggestive of myxœdema, her skin being translucent, with a circumscribed patch of redness in the centre of the cheeks, the lower eyelids swollen, the nose broad, the eyes prominent and heavy looking. Her limbs are slender and well formed. The thyroid gland seems diminished, and there are no abnormal fatty tumours in the region of the neck or elsewhere. While under operation her temperature was frequently as low as 95·6°. She was often extremely restless at night, and had frequent attacks of screaming. Her power of speech became worse, till at last she could hardly utter a single sound, the lips being seen to move ineffectually while she attempted to do so. She could not kiss her mother or puff out her cheeks, and her food would often remain seven or eight minutes between her teeth and lips. There was a general over-clouding of the intellect. Dr. Coxwell drew attention to the fact that very pronounced mental disease has been reported in myxœdema, and that Dr. Ord has had a patient suffering from that disease with marked affection of the bulb, a point of similarity with the present case of some importance. If the case was one of myxœdema, it was of interest as being the first recorded in a child. If it was one of simple imbecility, it was remarkable on account of the bulbous symptoms and the likeness it bore to myxœdema. The arguments in favour of sporadic cretinism were few, and were out-balanced by the absence of most of the characteristics of that disease.

Mr. J. N. C. DAVIES-COLLEY read notes of a case of enormous Enlargement of the Lower Lip, cured by operation. Richard B. D——, a clerk, aged thirty-six, was admitted into Guy's Hospital in August, 1881, with a remarkable swelling of the lower lip. Fourteen years before he had a chancre (?) on the penis, followed by soreness of the tongue and swelling of both lips, especially the lower. There was never any rash on the skin. He was a very great drinker. The lower lip was of enormous size, everted and pendent, so that its border was on a level with the tip of the chin, while the lower teeth were in front completely exposed to view. The mucous membrane was fissured in parts, but otherwise natural. The tissues were a little firmer than usual, but not at all indurated. There was a little tenderness on pressure. From side to side it measured three inches, from above downwards an inch and a quarter, and in thickness seven-eighths of an inch. The upper lip and tongue showed signs of chronic inflammation. There was no enlargement of the adjacent glands. He left off smoking, and was at first treated with anti-syphilitic remedies. The mucous membrane became more healthy, but the lip remained of the same size. Some reduction was then effected by pressure between thin slips of wood. The lip became smaller and flaccid, but was still everted and pendent. On November 8th a V-shaped piece was removed from the centre of the swollen lip, and a rapid recovery ensued. When last seen he had no longer any eversion of the lip, which had assumed a perfectly healthy and normal aspect. Mr. Davies-Colley brought the case forward as a striking example of the enlargement of the lip which occasionally results from chronic inflammation. There was nothing in the patient's family history to indicate a scrofulous tendency. The evidence of secondary syphilis was doubtful, and there was no record of mercurial salivation. On the whole, Mr. Davies-Colley was disposed to attribute the disease primarily to syphilis and secondarily to the irritation of the inflamed surface by excessive smoking. Mr. CLEMENT LUCAS had seen this case, the interest of which, he thought, lay rather in its cause than in its cure. He believed that any chronic ulceration of the lip might produce such hypertrophy. He thought that the so-called strumous lip was far oftener due to congenital syphilis than to struma. He suggested that the internal use of mercury might have had some effect upon producing this hypertrophy. He remarked, too, that smoking was very injurious in those suffering pain from secondary syphilis, as it kept up the ulceration of the lips and tongue. He referred to a young lady who suffered from chronic thickening of the upper lip in which there were two lateral incisors which were carious and stopped, and at the bottom of one of them was a sinus. On extracting these two teeth the œdema quickly subsided. He asked whether the teeth in Mr. Colley's case were all sound.—Dr. HADDEN thought that this hypertrophy corresponded to a form of lymphatic obstruction which had been described by certain German authors as occurring in the tongue: the microscopic appearances bore out this view. He did not think the evidence pointed to the syphilitic nature of the affection.—Professor LISTER thought the case very interesting from its rarity, and also from the success of the treatment, for the part of the lip left behind returned to its normal size, and in this respect it resembled the contraction of an hypertrophied tonsil after excision of its more prominent portion, with at the same time lessening of the thickening of the Eustachian tube and the neighbouring parts, and thus improvement of hearing, so often observed after this simple operation. The same thing happened in lipoma of the nose. In a case where he had removed the greater part of a large unsightly mass of chronic inflammatory thickening, the neighbouring diseased part of the skin improved and the nose was now almost normal.—Dr. MEADOWS mentioned the case of a lady with enlarged mons veneris and labium, which he removed with an écraseur. Although only thirty-three years of age, menstruation entirely ceased in two or three months, probably from sympathetic atrophy of the ovaries.—Mr. DAVIES-COLLEY remarked that the tension of the parts of the lip left and the correction of the pendulous position of the lip were important in leading to the recovery of the parts not excised. He did not see any evidence of lymphatic obstruction; there were no enlarged glands. He had no note on the condition of the teeth except that the necks of the exposed teeth were denuded by retraction of the gums, and were thickly covered with tartar. He thought the hypertrophy was due to secondary syphilis and to the continuous irritation of tobacco smoke.

Mr. GOLDING-BIRD read a paper on a case of Transpatellar Excision of the Knee, which he had previously exhibited to the Society. The operation was in the person of a lad, aged thirteen; fairly healthy himself, but with a family history of phthisis. There was a year's history of articular ostitis of the right knee with pulpy disease. Excision was eventually performed on May 9th, 1882. It differed from an ordinary excision in that the transverse incision was made across the middle of the patella, which was then sawn in two, the two fragments, with the soft parts, being turned up and down. The excision was then completed as usual, the articular surfaces of the tibia and femur being removed. Some pulpy thickening was removed from the underside of the patella, and when the limb had been straightened two carbolised silk sutures were passed through its substance, and its two fragments thus united. Primary union was obtained, and nothing more was seen of the patella sutures. Until September 12th he walked about with a stiff bandage at the knee and with crutches; after that date he was ordered to discard all support. He now has a movable patella and half an inch shortening. He has all the advantages of retaining the patella; but besides that, there is a gain by this method of operating, since the surgeon can freely examine and manipulate the joint, more freely, indeed, than where, with the idea of retaining the knee-cap, the lateral incisions are employed. Two great advantages remain to the patient by keeping the normal attachments of the patella: The quadriceps opposes the ham-strings, so that the necessity is obviated of employing a stiff bandage

for years to prevent posterior displacement of the leg; the rectus femoris, considered as arising below, has its full play upon the trunk in preserving equilibrium, whilst it also allows of the perfectly natural forward motion of the limbs in walking; this last is not the case where the ligamentum patellæ has been sacrificed.—Mr. HOWARD MARSH thought all surgeons must be dissatisfied with many of the results of excision of the knee, and he was very glad of this suggestion of Mr. Golding-Bird's, which seemed to be an obvious improvement.—Mr. GANT thought that it was rare to find the patella not involved in the disease when excision of the knee was necessary. When not diseased he had left the patella, and he had not seen any advantage from so doing. His results after removal of the patella had been very good. In the average of his cases of excision the union took place in three months, and he then put on a movable back splint for a further three months or less. In one case, a woman aged fifty-three, the patient was up within two months and a half.—Mr. C. HEATH said Mr. Golding-Bird's case was a very successful one; but he agreed with Mr. Gant that in most of the cases usually submitted to excision the patella was diseased; in fact, when the patella was free an argument against excision was found. He thought that Mr. Golding-Bird's case was in an early stage of disease, and might possibly have been treated by other means. He thought, too, that even where the epiphysial cartilage was not, to all appearance, interfered with, the operation was attended with impaired growth of the limb.—Mr. LISTER said that many years ago Volkmann advocated the transpatellar excision of the knee. If he thought only of the old-fashioned excision of the knee in cases with open sinuses, and without strict asepsis, he should quite agree with Mr. Gant. But if the skin were unbroken, he would proceed on totally different principles; he would remove a much smaller part of the femur, have a broader surface for union with the tibia, and cause less shortening. In such a case none of the patella need be taken off, and possibly the lagging behind of the growth of the limb might be prevented by leaving the action of the quadriceps unaffected. He was, however, doubtful whether excision of the knee was really needed in Mr. Golding-Bird's case. In many similar cases in his practice free antiseptic incision, with scraping away of the diseased synovial membrane and gouging out of diseased bone, had preserved limbs of normal length, and even movable at the knee-joint.—Mr. GOLDING-BIRD, in reply, said that the case was one which might have succeeded under such treatment as Mr. Lister had described. At the time of the operation there was some lateral movement with grating in the joint, and the ligaments and fibro-cartilages were replaced by pulpy tissue. If the case had been in private he should not have operated, but his experience with hospital out-patients was that if left alone they ended unfavourably. He thought that, in young people especially, when the patella was removed there was a tendency to posterior displacement of the tibia, to guard against which it was necessary to wear some form of apparatus for months or even years.

The business of the general meeting was at this period proceeded with, and subsequently the meeting adjourned.

MEDICAL SOCIETY OF LONDON.

A Case of Anæsthesia and Analgesia.—Tension of the Abdomen and its Variation.

A MEETING of this Society was held on Dec. 15th, 1882, Mr. F. Mason, President, in the chair.

Dr. DE HAVILLAND HALL read notes of a case of Anæsthesia and Analgesia. The patient, a boy twelve and a half years of age, had suffered "on and off" with headache since a fall upon the chin three years before; and two weeks before admission he is said to have temporarily lost power in the right hand and arm. He occasionally fell down, and five days before admission had a fit in the night. He, however, appeared quite well when seen, and complained only of some pain and tenderness in the right thigh and loss of feeling in the thumb. At times he saw everything "red." Examination proved the thumb to be perfectly anæsthetic and analgesic—a condition which obtained to a certain degree over the whole body. On Dec. 5th he complained of headache; on the 6th, of pain in the lower part of the legs; and on the 7th there was found perfect anæsthesia and analgesia in both legs, from the soles of the feet to an inch and a half above the patella. He could walk well, but said he could not feel the ground under him. The special senses are normal beyond slight deafness in right ear, attributable to a chronic otorrhœa, and impairment of the smell in right nostril and of taste in the right half of the tongue. There was no history of diphtheria. His father had epilepsy. The case was brought forward on account of the sudden appearance of anæsthesia in the legs, which may disappear as suddenly. The boy suffered much from worms.—Dr. OWEN suggested that the cause of the complaint might be in the digestive tract.—Dr. WILTSHIRE alluded to a case in which pain in one arm, with hyperæsthesia, followed by ascending paralysis of the limb, followed a blow on the thumb. The patient, a young lady, rapidly recovered under mercurial friction. He also mentioned a similar case produced by a fall on the hand; and a case of sciatica relieved by like treatment after morphia had failed. The morbid condition ascended in these cases from the injured extremity towards the cord.—Dr. HERON thought the exaggerated tendon reflex pointed to some cerebral lesion, and suggested that the case was one of contrecoup.

Dr. BRAXTON HICKS read a paper on the Tension of the Abdomen and its Variations. First of all alluding to the form of the abdominal cavity, and its natural tendency to assume the spheroidal shape, unless interfered with by its bony wall, the author discussed the physical conditions of the viscera within, or implanted, or attached to its walls. He then described the tension normally existing both between and during respiration, pointing out work he had already done and published in the Royal Society's Proceedings, and that the respiratory movement of the abdomen could be registered as a wavy line on the drum of an instrument, like the cardiograph. He then demonstrated that the effects of body and limb movements were very powerful on this wavy line, and that tension was not only increased thereby, but also lessened to a similar degree, and that thus the belief of many obstetricians that at times there was an insuck into the cavity, received confirmation. This being accepted, the author then pointed out the conclusions which followed, of much importance practically—namely, that any opening existing, it was possible by any sudden movement for any irritating or septic matter to be drawn into that opening, whether it ends in a lymph space, veins, or peritoneum, and as pressure was momentarily taken off from the vena cava and iliac veins, a rush from the veins below would occur, which might detach and move heartward any clot in the femoral vein. Dr. Hicks then showed the effects of increased tension on the organs and on the muscular system, both of the abdomen and general body, and the effects of the opposite state, showing that without external support the abdominal vessels unduly filled, robbing the general system of so much of its blood, causing the shrivelled, flabby, and worn-out appearance of those who had lost along with the flaccidity of their abdominal walls the tone of the vascular system, and that the abdominal vessels being full of blood, a facility for hæmorrhage from uterus or bowel, &c., is given. The effect of relaxed peritoneum, as bearing on the positions of liver, uterus, &c., was then noticed, as also the effects of the pressure from within on the pregnant uterus. The paper ended with allusions to many other points flowing from the consideration of the subject.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

Growth of the Crystalline Lens.—Paralysis of the Third Nerve, with Cerebral Symptoms.—Paralysis of the Sixth Nerve, with Choreiform Movements of the Face.—Movements of the Eyes in Ear Disease.—Peculiar Growth developing from a Cilium to the Anterior Chamber.

THE ordinary meeting of this Society was held on the 11th inst., Mr. W. Bowman, F.R.S., President, in the chair.

Mr. PRIESTLEY SMITH read a paper upon the Growth of the Crystalline Lens, commencing by a quotation from the chapter by Otto Becker, in the Handbook of Graefe and Saemisch, to indicate the present position of knowledge on this subject. He then proceeded to describe an original research carried out during the last two years. He had examined 142 lenses, removed in their capsules shortly after death, from the eyes of eighty-three adult subjects. Special precautions were taken to avoid changes from absorption or evaporation of moisture. Each lens was accurately weighed, its volume was then measured by means of a specially-devised instrument, acting by displacement of fluid

along a graduated tube (instrument exhibited); finally, it was measured as to its transverse diameter. The author's aim had been to examine at least twenty transparent lenses in each decade of adult life; this had been accomplished up to the age of seventy; but between seventy and ninety the numbers were not yet fully made up. Detailed tables were appended to the paper, and the general results were demonstrated to the meeting by charts and diagrams. He had found that the average weight of the lens continually increased, the increase being, roughly speaking, at the rate of 1·5 milligrammes each year. The volume of the lens also continually increased, and in about the same proportion, the increase being at about the rate of 1·5 cubic millimetres each year. By calculation from the weights and volumes it was found that the specific gravity remained, on the average, about the same throughout life, though there were lenses of low and of high specific gravity in each decade. Reservation he considered necessary in accepting linear measurements of the lens after its removal from the eye; but from the data obtained, it was demonstrated mathematically that the enlargement of the lens was not by any means limited to the transverse diameter. The continuous growth of the lens sufficed to explain the acquired hypermetropia of old age without assuming that the lens changed its form; it was also, in the author's opinion, the cause of the shallow anterior chamber of the senile eye, which had hitherto been attributed to an advance of the whole lens, a supposition which could not be reconciled with the acquirement of hypermetropia. The continuous enlargement of the lens, though hitherto unobserved, and though apparently separating this organ from every other in the body, was readily intelligible from a physiological point of view, for the lens is, by development, a cuticular structure, the cells of which, unlike those of the cuticle, multiply within a closed capsule, and cannot be thrown off as they grow old, the older cells being surrounded by the younger. In the tabulated results, the relation of senility to the development of cataract came out clearly. Lenses which showed any opacity were distinguished from the others, and were found, when tabulated, to be, on the average, smaller than transparent lenses of the same age. As this difference was present even when the opacities were very slight, it seemed likely that a period of diminished rate of growth preceded the formation of the opacities of senile cataract. The opacities were in most cases limited to the equatorial zone, where the capsule and cortical layers of the lens were subjected to the traction of the suspensory ligament. This supported the conclusions recently published by Becker concerning the formation of opacity by separation of the fibre layers at the equator, and the bearing of the continuous enlargement of the lens upon certain other morbid conditions.—The PRESIDENT congratulated the Society upon having a paper read before it, which would prove to be a standard paper to which all would refer, and said that their best thanks were due to the author for his labours.—Mr. HIGGENS asked whether the author's research had led him to an explanation of the reason why presbyopia diminishes in very old people, and why cataractous subjects become hypermetropic.—The PRESIDENT pointed out that from the increase of the size of the lens with age the capsule would become stretched out, and it would be interesting to know if the capsule at the age of seventy is thicker than in early life, or whether it is any way modified as to elasticity by this necessary extension. That again might influence the shape of the lens. He trusted that Dr. Smith would continue his research.—Dr. P. SMITH, in reply, could offer no explanation why old people became less presbyopic. There is increased hardness from diminished elasticity, and increased tension of the ciliary muscle, so that there were many factors producing change in the shape of the lens, changes which it was very difficult to record. The increase in size of the lens must be in antero-posterior diameter, as well as in the lateral, but he could not say whether the increase was uniform in all directions. He had limited himself to establishing the physiological and anatomical facts, before venturing on the pathological side of the question.

Dr. LEES read notes of a case of Paralysis of the Third Nerve, with Cerebral Symptoms, and showed the patient, a girl aged six years and a half, who had been brought to the Hospital for Sick Children on November 10th, 1881, on account of a squint of the right eye and shaking of the left arm and leg. The squint had been noticed by the mother three months earlier, and the shaking began a fortnight after the squint. She had had three fits when a year and a half old, but none since, and had had slight headache over the right eye for a fortnight before she was brought to the hospital. There was complete paralysis of the third cranial nerve on the right side. The pupil was dilated, and did not respond either to light or in accommodation. The upper lid drooped lightly, but no affection of the fifth or seventh nerves could be discovered. Both optic discs were normal. The movements of the left upper limb consisted in slight forward and backward movements of the whole limb in a vertical plane, together with short flexions anp extensions of the wrist. They were rhythmical and uniform, and occurred when the limb was not used; and the mother stated that they did not quite cease during sleep, but that they were worse when the child was excited. There was no distinct paralysis of the limb. Similar, but less decided, movements affected the lower limb. No history of congenital syphilis could be obtained, but an infant brother of the patient was subsequently found to be suffering from snuffles, and to have had some rash on the buttocks. After treatment for twelve months with iodide of potassium the shaking of the limbs could no longer be detected, and the squint had entirely disappeared, leaving only a little weakness of the internal rectus. The right pupil, however, remained dilated and motionless; it measured six millimetres, while the left measured 2·5 millimetres. The power of accommodation was entirely lost in the affected eye, and the pupil was still absolutely motionless. Vision with that eye was very imperfect, but by using convex lens of six dioptries she could read small type. Her condition remained unaltered up to the time she was shown to the Society. The case, Dr. Lees thought, presented the group of symptoms to which Mr. Hutchinson had given the name of ophthalmoplegia interna, and which he attributed to disease of the lenticular ganglion, but this case seemed to support the theory that the symptoms were due to a cerebral lesion, probably near the nucleus of the third nerve below the aqueduct of Sylvius.—Mr. BRUDENELL CARTER asked whether any attempt was made to effect contraction of the pupil or change of accommodation by eserine.—Dr. HUGHLINGS JACKSON asked whether the patient had headache or optic neuritis, for the symptoms pointed to some affection of the crus cerebri. On the other hand, he never remembered to have seen rhythmical movements in a case of organic disease. Most cases of rhythmical movement of one side were either due to malingering or hysteria.—Dr. S. MACKENZIE asked whether the ocular defect occurred at the same time as the affection of the left arm. If there were any interval of time between the two, there was possibly more than one lesion.—Mr. HUTCHINSON said the case was hardly one of ophthalmoplegia externa, which is motor paralysis of the third nerve, and in the case of ophthalmoplegia interna there is no dilatation of the pupil; it is rather of small size, and there is never any evidence of action of the fibres supplied by the sympathetic. He thought the child's physiognomy very suggestive of syphilis.—Dr. BUZZARD suggested, as the movements of the left arm came on about fourteen days after the paralysis of the right eye, that there may have been some slight loss of power in the left side, to which the irregular movements were sequential. That would imply a central lesion; but on examining the child he found there was no tendon reflex at the left wrist as he would have expected if there were a coarse lesion like a gumma in the crus cerebri. The case, therefore, tended rather to support Mr. Hutchinson's view that the ophthalmoplegia was due to lesion of the lenticular ganglia, and not to central disease; the limb affection being accidental.—Dr. LEES, replying to Mr. Carter's question, said that eserine was not used.—Mr. CARTER said he had asked that question because in some cases of paralysis non-recovery was due to atrophy of the muscles, and it occurred to him that by the use of eserine the nutrition of the muscles might be improved, as in other cases it is by the use of electricity.—Dr. LEES had intended to adopt the course suggested by Mr. Carter, but had deferred so doing until he had shown the case. The history was that three months before the child was brought the eye-symptoms had shown themselves. There was no optic neuritis, and there had been a little headache. Although the pupils were dilated they were motionless, and there was loss of accommodation, the main signs of ophthalmoplegia interna, which in this case apparently depended on a cerebral lesion. Improvement had taken place in the eye symptoms and arm symptoms at the same rate. He had seen a case of tumour of the right crus cerebri where there was paralysis of the right third nerve, and of the left limbs. It seemed to him that a

gumma of the inner nucleus of the third nerve would explain the paralysis, and that the limb affection might be due to collateral pressure.

Dr. LEES also read notes of a case of Paralysis of the sixth Nerve, with Choreiform Movements of the Face. It was that of a boy, aged eleven and a half years, who had had convergent strabismus from the age of three years. On examination in December, 1882, it was found that the left eye could not be brought to the outer side of the median position; there was no other interference with ocular movements; pupillary reaction and the optic discs were healthy, but each presented a crescent. Spasmodic contractions of the facial muscles, chiefly on the right side, occurred at irregular intervals. Those choreiform movements, as well as headache, which he had suffered from for some months, were probably due to the hypermetropia and astigmatism with which both eyes were affected. There was no paralysis of the seventh nerve.

Dr. HUGHLINGS JACKSON read a paper upon Movements of the Eyes provoked by Pressure on a Diseased Ear, and related the details of a case which, he said, resembled one reported by Schwalbach, and was important as giving a demonstration that ear disease was one cause of, or one factor in, producing vertigo. It was a clinical illustration of one of Cyon's experiments on the semicircular canals of rabbits. The patient was a woman, aged forty-nine, who had suffered from otorrhœa on the right side from childhood. She had recently become subject to attacks of auditory vertigo, and had a peculiar unsteady gait resembling that produced by alcoholic intoxication. Pressing on the tragus of the right ear caused certain definite movements of both eyes. First the eyes moved slowly, to the left, then they moved back again by jerks to the right, at the same time she felt giddy and there was apparent displacement of objects to the left. This displacement was synchronous with the slow movement of the left. This patient was examined by Mr. Laidlaw Purves and by Mr. Couper, and under treatment by syringing the ear, and the internal administration of quinine, she improved so that only the very slightest movements of the eyes were producible by the pressure spoken of. Dr. Jackson referred to certain researches by Dr. James of Boston, U.S.A., which seemed to show that deaf mutes were not easily made giddy by rotatory movements, and were not at all liable to sea-sickness. In conclusion he thought that the procedure mentioned in this case might probably be helpful in the diagnosis of some difficult cases, and that the different results obtained at different periods, in such cases would be some measure of the patient's progress. In reply to the President, Dr. Jackson said that the slow movement of the eyes was from right to left, and that apparent movement was to the same side, and according to the patient's statement, coincident in time. He referred to a note on this subject by Professor Donders, which he had communicated to the Society last session.

Dr. MADDOX contributed a paper descriptive of a New Method of Testing the ordinary relation between Convergence and Accommodation, and exhibited an instrument designed by himself for this purpose.

A paper dealing with a case of a Peculiar Growth developing from a Cilium in the Anterior Chamber, contributed by Mr. ROCKLIFFE (Hull), was read by Mr. Nettleship. The patient was a man, aged twenty-three. In August, 1881, he received a vertical lacerated wound in the outer third of the cornea, and the lower lid was injured at the same time. Six weeks after the accident an eyelash could be seen in the anterior chamber, reaching from the angle of the chamber to the middle of the pupil; there was a slight pink zone around the cornea, and cataract. An attempt to remove the eyelash at this time failed. In Sept. 1882, the eye became acutely inflamed, and, at the inner end of the cilium, was a peculiarly white woolly growth. This growth rapidly increased, and, on Oct. 18th, Mr. Rockliffe opened the anterior chamber, when the tumour, with cilia firmly adherent to it, was carried out with the gush of aqueous. Dr. Brailey examined the mass and reported that it consisted of flattened epithelium cells exactly like the more superficial cells of the conjunctiva; it seemed possible that the cells of the root-sheath had proliferated within the anterior chamber.—Mr. NETTLESHIP some years ago had examined a similar specimen from a patient of Mr. Couper's.—Mr. POWER had seen a similar case under Mr. Hancock's care. A boy when climbing cut his eyelid with a lamp he held in his hand, and an eyelash was thus transplanted on to the iris. After a time a new growth started from this and formed a circular mass of hairs, passing round the anterior chamber. The mass was removed without difficulty.—Mr. COUPER remembered the case mentioned by Mr. Nettleship. In the chamber it looked like a syphilitic gumma, but on removal Mr. Nettleship found it to consist of epithelium cells together with much cholesterine, so that it was surmised that some sebaceous cells had been introduced with the hair. In this case the hair had curled up in the anterior chamber so as not to be visible until this was opened and the tumour removed.

EPIDEMIOLOGICAL SOCIETY.

AT the meeting on December 6th, 1882, Dr. EDWARD SEATON, Medical Officer of Health and Physician to the General Hospital, Nottingham, read a paper on the Influence of Small-pox Hospitals. The author commenced by giving a description, illustrated by photographs, plans, and maps, of the hospital accommodation at Nottingham. It was centrally situated and divided by a wooden fence, only six feet high, from public thoroughfares. It was difficult to carry out the principle of isolation thoroughly for the following reasons:—(1) There was no suitable provision for a resident medical officer; (2) communication over the wooden fence, already mentioned, between those inside and those outside the hospital could not be prevented; and (3) some of the medical men who had conveyed private patients to the hospital, and whom they still continued to attend, were not very careful to adopt all requisite and practicable precautions. A new hospital was, however, to be built in a more retired situation. The Poor-law Authority had a kind of joint proprietorship with the Sanitary Authority in the present hospital. Dr. Seaton then gave some instances of people suffering from small-pox refusing to be conveyed to the hospital, and who thus became centres of infection. He next elucidated, by a series of maps he had prepared, the gradual development of the epidemic, different colours being used to indicate cases which were kept at home and badly isolated, cases kept at home and fairly well isolated, and cases removed to the hospital. The cases which were kept at home were, whether well isolated or not, generally followed by other cases in their immediate neighbourhood. The exceptions to this rule were due to vaccination, which had an influence controlling the spread of small-pox more powerful than that of isolation. One disadvantage that attended the removal of the worst cases to hospital was that it undoubtedly tended to encourage that indifference or repugnance to vaccination which was so sedulously cultivated by anti-vaccinationists, and which arose to a large extent from ignorance on the part of the people as to what small-pox unmodified by vaccination really was. How is it that small-pox spreads more rapidly at one time of the year than at another? How is it that in one epidemic it would assume a much more malignant form than in another? These are points that the science of epidemiology has yet to solve, but with regard to small-pox it may be said that it is practically preventable by vaccination and revaccination. The disease first made its appearance at the Union Workhouse on Nov. 14th, 1881, the case being removed to the hospital at once. Whilst at the workhouse the patient was in the "skin ward" with fourteen others. Of these fourteen seven contracted the disease. There were a few other cases which occurred at the workhouse about this time, and one person died there. But after the commencement of the epidemic the workhouse, with its 618 inmates, was free from the disease, in spite of its close proximity to the hospital, and notwithstanding that there had been very little revaccination carried out. A large Board School was situated near the hospital, and of the 410 boys attending it only two were attacked, and in each of these cases there was ample opportunity for the illness to have been contracted in the ordinary way. Primary vaccination would, however, protect the vast majority of those at school age. Several cases had occurred on the east side of the hospital, and as the prevailing wind during the first five months of the epidemic was from the west a supposition had arisen that the infection was carried in the atmosphere from the hospital as a centre. Considerations negativing this view, however, were:—(1) The number of cases at a distance of half to three-quarters of a mile from the hospital was greater than the number occurring in the

close vicinity of the hospital huts; (2) there was no simultaneous outburst of cases such as might have been expected had the semina of small-pox been widely scattered in a still active state amongst a population which was proved to be susceptible. On the hypothesis of aerial infection, and having regard to the close proximity of the hospital, it was certainly very difficult to account for the immunity of some "hands" working in a factory only about thirty yards from the hospital. Two of these persons only were attacked, and in one of these cases the source of infection may be said to have been traced. It must be remembered that they were employed at all times of the day and in all conditions of the atmosphere. Personal contact was, however, in this case prevented. Had it been permitted it is highly probable that a larger number would have contracted the disease. In conclusion, he exhibited a map which showed the localites in which all the fatal cases occurred during the epidemic of 1871-72. At that time there was no registration or notification of cases of sickness, and therefore this map had not the same significance as those previously exhibited. Still, it was a noteworthy fact that the deaths from small-pox during that epidemic (1871-72) were chiefly aggregated in localities far removed from the hospital, the immediate vicinity of which, especially on the north and east sides, was remarkably free. This quite coincided with the facts given by Dr. Thorne Thorne (Report of the Medical Officer, Local Government Board, 1882, p. 210), and statements made by other medical men in the neighbourhood, which went to show that, though the hospital was fuller during the former epidemic than it had ever been during the recent one, there was less small-pox in the neighbourhood than in other parts of the town.

Reviews and Notices of Books.

A Treatise on Diseases of the Liver, with and without Jaundice. By Dr. GEORGE HARLEY, F.R.S., F.R.C.P., &c. London: J. and A. Churchill. 1883.

TO those readers and practitioners who are familiar with the works of Budd, Frerichs and Murchison on the Diseases of the Liver, this treatise will be a great surprise. We had become so accustomed to brevity and method, that we are hardly prepared to find the same affections treated in the discursive and sketchy manner which the author of the present volume has chosen to adopt. Instead of handy, closely-printed volumes, with the materials of the subject compressed into five or six hundred pages, we have now presented to us a large book of eleven hundred pages, with much marginal space, and the widest letterpress, containing Dr. Harley's views on the pathology, diagnosis, and treatment of the diseases of the liver, with any digressions in which it may please the author to indulge, and not a concise, well-reasoned, and orderly statement of what is generally known of such affections by most well-informed physcians of the present day. The work therefore is of value in showing us what the author thinks of liver diseases, and in what respects he differs from other observers who have given special attention to the same subjects. The author's motto, that "true science is the key to wise practice," is sound enough, but surely he goes very far in the statement that the class of "scientific physicians" who, in addition to the ordinary routine, have spent some time in a physiological and chemical laboratory, is as yet a very small one. For the clinical teacher and observer who may even be conversant with physiological chemistry, and who, looking at its changes during the past twenty or thirty years, may hesitate to follow Dr. Harley in his inferences, and may consider some of his conclusions rash and perhaps liable to modification in the near future, even if not at the present time, our author cannot too strongly express his scorn and contempt. Some twenty years ago Dr. Harley published a small monograph on Jaundice, in which he divided all cases into those due to obstruction to the passage of bile into the intestines and those due to suppression of the secretion, and he laid especial stress on the presence or absence of the bile-acids in the urine in regard to the differential diagnosis between these important conditions. Observer after observer failed in applying his simple test to cases of jaundice, and were consequently often led into error. Now we find that the test has not always succeeded even in the hands of the author, and "practical" physicians are told that in a treatise like this, intended for practical medical men, it is of no use to talk to them about the mode of chemically detecting bile-acids, but their scientific brethren may avail themselves of Hoppe's, Neukommen's, or Hilyer's method. The last is roughly and too incidentally described to be of any real use. However, the reference to it in the Chemical Society's Journal, 1876, page 445, is of value to those who may wish to undertake such an analysis. It is just possible that in another twenty years some of the views so positively laid down in this volume may also require considerable modifications. We should like a distinct and logical statement of the experimental data on which the following theory is founded. "In the human body not only is starch rapidly transformed into sugar, but sugar into non-crystallisable fat, *and fat again in its turn into crystalline cholesterin.*" We question whether any scientific proofs of the latter part of this statement be forthcoming, and yet this is the pivot on which Dr. Harley mainly rests his treatment for the prevention of gall-stones. The practice may be a good one, but the method by which it is arrived at is unworthy of the name of science. In many respects the work is extremely interesting, and although digressions from the main subject occur in almost every chapter, we are never bored; and everyone who is anxious to know the views of an observer who thinks for himself and is unbiassed by the views of other writers, will read it with great pleasure. The illustrative cases are told in a most amusing manner, the remarks on the mistakes of other medical men are not wanting in vigour even if they are not always in the best of taste, and the digressions themselves are in every case distinguished by the style and personality of the writer. It is not often that in a medical treatise, ostensibly scientific from beginning to end, we find so little with which modern physiologists and chemists would agree, but to compensate for this we are amused with disquisitions on spelling reform, the distinctions between a chemist and a druggist, the differences between scientific and practical physicians, the position of the mercurialists and anti-mercurialists, the A 1 character of the author's champagne, the drink of the Fiji islander and the food of the Chinook Indians. These and many more quaint tales and opinions will be found in this volume as well as more rational and interesting opinions on hepatic diseases and their treatment. Every credit is due to Messrs. Churchill for the excellent manner in which the treatise has been printed and published, and the illustrations, especially the two chromo-lithographs, are worthy of much praise.

A Handbook of House Sanitation for the Use of all persons seeking a Healthy Home. By EARDLEY BAILEY-DENTON, C.E. Enlarged and Revised by his Son, EARDLEY F. BAILEY-DENTON, C.E., B.A. Oxon. 8vo, pp. 218. London: Spon. 1882.

Wholesome Houses; a Handbook of Domestic Sanitation and Ventilation. By E. GREGSON BANNER, C.E. 8vo, pp. 124. London: Stanford. 1882.

Lectures on the Science and Art of Sanitary Plumbing. By S. STEVENS HELLYER. 8vo, pp. 332. London: Batsford. 1882.

IT is very remarkable how little the sanitary conditions of the houses in which we dwell have been the subject of consideration by the general mass of the people. The smart outside appearance of the house, and still more of the "desirable villa residence," the existence in it of water-closets and possibly baths, and the assurance that it is drained into the main sewer, and that the drains are trapped,

are too often all that are considered necessary by the coming householder, without any steps being taken to ascertain that the site of the house is dry and wholesome, that the closets, &c., are of good construction, and in working order, and that the drains are well laid, efficiently trapped, and thoroughly ventilated. It is a melancholy fact that many of those to whom the building and fitting of dwelling-houses are entrusted are either profoundly ignorant of the principles of sanitary construction, or culpably negligent in their application. In too many instances, also, where the knowledge exists and its practical application is intended, the work is, we fear, entrusted to incompetent hands and carried out without efficient and intelligent supervision. The result is that the defects are only found out by their consequences as shown in the broken-down general health of the inmates of the house, or by an outbreak of diphtheria or fever. That this is no imaginary picture has been proved by the history of too many families. During the last twenty years much has been done to improve the general public health, and to enforce attention to the sanitary conditions of towns, but these measures have not as yet had much effect in awakening the bulk of the public to the necessity of individual watchfulness over the state of their homes with a view to detect the causes of disease as they become developed, and adopt the necessary measures for their removal. In this direction much useful work may be done, and Mr. Bailey-Denton's Handbook of Sanitation is a valuable contribution to the knowledge of what is required and how it may be effected. He explains the conditions required in a house to ensure it being healthy—the external, including site, drainage, and construction, and the various methods of removing and disposing of the refuse, liquid and solid—and the internal, under which come the waterclosets, baths, and lavatories, with a description of the various traps in use to prevent the introduction of noxious gases, and the different systems of ventilation. The second portion of the book is devoted to the important subject of water—its qualities, sources of supply, storage and filtration, and distribution. On all these topics Mr. Bailey-Denton gives a clear, intelligible, and, as it appears to us, an impartial account of the various systems in vogue, with a statement of their relative advantages and drawbacks, and his descriptions of the various arrangements are illustrated by excellent woodcuts, which render his remarks easily understood. We consider this book to be one well deserving the careful study of architects, sanitary engineers, and medical men, and worthy also of the attention of educated non-professional persons who take an interest in questions relating to the health of the people. It bears the impress of thorough knowledge, theoretical and practical, of the subject of which it treats.

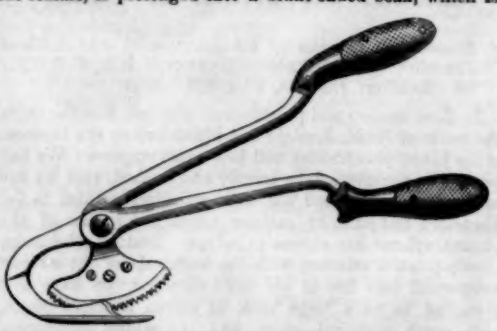
Mr. Banner's work has been written avowedly with the same purpose as the preceding, that of showing how to make wholesome houses; but he has confined himself to two subjects—ventilation and house-drainage. In both of these he recommends the system which he has invented under the name of the Banner System, and appends numerous testimonials of its efficacy, and a list of some of the more important places where it has been successfully adopted. The book deserves to be well considered by those who have to decide upon the system to be adopted in fitting a house; but it must not be forgotten that it is an exposition of one system only, and should be studied in comparison with others. This construction of trapless waterclosets appears open to serious objections, even with the perfect ventilation of the soil-pipe ensured by the "Banner system."

The third book on the list may be considered as complementary to the other two. It treats of sanitary plumbing, a branch of work highly necessary in carrying out the construction of wholesome houses. The lectures were originally delivered at the request of the National Health Society, and were intended for the instruction of the workmen in that branch of trade, but they are of a character to be useful also to the employers and to all who may be called upon to report on the sanitary condition of dwellings. The description of the mode in which the work ought to be done is evidently that of a man who thoroughly understands it, and who does not hesitate to show up the defective way in which it is too often executed. It cannot fail to be useful by enabling those interested in the sanitary state of a house to detect flaws which might be productive of serious consequences, and to judge whether the proper remedy is applied and the work satisfactorily carried out. The author concludes his lectures with a very brief but useful "Code of Rules for House-Sanitation." This volume and Mr. Bailey-Denton's have each the advantage of a carefully-prepared index.

New Inventions.

AN INSTRUMENT FOR REMOVING PLASTER-OF-PARIS SPLINTS.

MR. GOWAN, of Guy's Hospital, has designed a very useful instrument, which is capable of saving much labour in that often troublesome and dirty job of removing plaster-of-Paris splints. In principle it is not unlike some others we have seen, but is more powerful and workmanlike in construction. It consists of two hinged blades, one of which, the female, is prolonged into a blunt-ended beak, which is



slipped under the edge of the splint; its upper surface is grooved, and in this groove works the extremity of the male blade, which is a circular saw. The handles of the blades are long, so as to afford considerable leverage. In use the beak is passed up under the splint, which is then quickly sawn through by a to-and-fro movement of the male handle. Those who use plaster-of-Paris splints and apparatus will find this a very useful instrument. It is made by Mr. Hawksley.

THE LEWIS INCANDESCENT GAS-BURNER.

THE latest novelty in the way of gas-burners is now to be seen in action at the Crystal Palace, and all who see it will confess that the inventor has succeeded in getting a most powerful light by the consumption of a very moderate amount of gas. The light is evolved from a cage of platinum wire, which is kept at a white heat. An ordinary gas-pipe is fitted with a Bunsen's burner of rather special construction, and the flame is further supplied with a jet of air under pressure, so that practically the Lewis light consists of a platinum gauze cage kept at a white heat by means of an automatic blowpipe. It is needless to say that special arrangements are necessary for supplying the air-jet to the flame; but the arrangements are comparatively simple, and will not, we think, militate against the introduction of the

Lewis light. It need not be said that the light gives off no smoke, and that the combustion of the carbon is perfect. Further, it is not influenced by any amount of draught, and cannot be extinguished or sensibly affected by blowing upon it, so that the light requires no protection in the shape of chimney or globe. The light given off is equal to that of five candles for every cubic foot of gas consumed per hour, and an ordinary Lewis light consumes twelve and a half feet per hour, and gives off the light of fifty candles. The light can easily be made to ventilate. The heat given off is necessarily considerable, and we think the light will prove more generally useful for street lighting than for inside lighting. Unless provided with means of ventilation, the Lewis light would certainly be too hot for use in ordinary sitting-rooms.

EDWARDS'S SMOKE-CONSUMING, SLOW-COMBUSTION GRATE.

THIS grate has a back, sides, and bottom of fire-clay, the front being of metal as in ordinary grates. The fuel for the day (varying in amount according to the size of the grate) is put in in the morning and is lighted at the top. So far the principles involved are such as have been adopted by Neill Arnott and others. In the Neill Arnott stoves the mass of fuel, as it burns, is lifted from below; while in Edwards's grate the fuel, as it burns, is exposed by depressing a shield which hangs in front of the bars. This plan is simpler than Arnott's. The shield works up and down just like a sash-window, and the counterpoise can be exposed and repaired without removing the grate, which is a decided advantage. No coal-scuttle is necessary, and a poker is almost a superfluity. We have seen the grate in action, and can say that it gives off an immense heat, and that it burns brightly and with little smoke. The register door is of a far simpler construction than that in ordinary use, and is regulated by means of a chain from the front and upper part of the grate. This grate is ornamental in appearance, and can be made to admit a current of fresh air from the outside. In places where a fire is required to be kept alight for long periods, as in offices and in sick-rooms, Mr. Edwards's invention will be found a great boon, and, in fact, the principles of its construction are sufficiently sound to constitute it a decided improvement on the majority of grates in use.

BRITISH MEDICAL BENEVOLENT FUND.

THE annual general meeting of subscribers to the British Medical Benevolent Fund was held on Jan. 11th, at 63, Montagu-square, the house of the hon. secretary, Mr. Malcolm Morris, Dr. G. C. Jonson taking the chair in the unavoidable absence of the President, Sir George Burrows. The financial statement was submitted and the annual report of the committee was read by the treasurer, Dr. Broadbent, from which it appeared that the donations during the year 1882 had amounted to £803, the subscriptions to £1152; the former being less than in 1881, the latter more than in any previous year. The action of the Metropolitan Counties Branch of the British Medical Association in permitting contributions to the fund to be collected at the same time with the subscriptions to the Association had brought a considerable accession of subscriptions. The disbursements during the year had been—in grants, the unprecedented amount of £2184; in annuities, £938 10s.; a total of more than £3000; and the entire expense of collecting and distributing this sum had not amounted to £132—i.e., not 4½ per cent., including the printing and postage of a voluminous report and the postage and stamps employed in the distribution of over £2000 by Dr. G. C. Jonson, Chairman of the Committee, in weekly of monthly instalments. The expansion in the operations or the Fund, while full of satisfaction to the committee was a source of anxiety, as constant effort was required to obtain the means of meeting the growing demands. During the year the expenditure had exceed the income by more than £300. The number of annuitants on the list was now 48, of whom 11 had been elected during the year; one at the age of ninety-three, 2 aged eighty-four and eighty-three respectively, and 2 aged seventy-eight; only 4 were less than seventy, and of these one died of joy on hearing of her election, and another only lived a month. Grants were made at the monthly meetings to 170 applicants, all of whom were in distress, and some in positive misery. It was pointed out that while from some towns large sums were sent up by hon. local secretaries, and many suitable cases for relief, from others the fund received nothing; and for want of local representation many poor and suffering members of the profession in those neighbourhoods must be cut off from the benefits of the charity. Dr. Fleetwood Churchill and Mr. Malcolm Morris joined the committee, and Mr. Ed. East, of Clifton-gardens, was appointed hon. secretary for cases in the place of Mr. Malcolm Morris, resigned.

"PERMANGANATE OF POTASH PILLS."

To the Editor of THE LANCET.

SIR,—In your issue of last week, Mr. Martindale speaks of having heard of cases of the spontaneous combustion of permanganate of potash pills. Since the publication of Drs. Ringer and Murrell's paper on the use of the salt in amenorrhœa, I have myself made a number of the pills, and have kept them made, but in no instance have I observed anything akin to spontaneous combustion to take place. It is, however, true that when permanganate of potash is rubbed up in a mortar with any of the ordinary excipients, it ignites and burns slowly, after the manner of moistened gunpowder; but in my case the friction caused by triturating the mass was clearly the starting-point of the ignition, as no change occurred when the ingredients were gently mixed together. I think the term "spontaneous combustion," as applied to the chemical change occurring in such cases, is erroneous, and likely to mislead practitioners into the belief that the mass, when made, suddenly and violently explodes, while (in my case at least) the decomposition is quietly effected. Again, the formula Mr. Martindale suggests seems to me cumbrous, and out of the way of the majority of dispensing country practitioners, in whose surgeries kaolin or sandarach is rarely met with. I have found that if the permanganate be reduced to powder, moistened with a drop or two of water, and rubbed up with starch powder, or compound tragacanth powder, it may be readily made into a mass with extract of gentian, which mass seems also to keep unchanged. If any coating is desired, the compound tincture of benzoin answers well.

I am, Sir, yours truly,

W. SNELL, L.R.C.P. Edin.

Gargrave, Yorkshire, January, 1883.

To the Editor of THE LANCET.

SIR,—In a note from Mr. Martindale the attention of your readers is drawn to the difficulty that exists in the dispensing of pills containing permanganate of potash. Having this week met with a case of missed menstruation, from a chill, I proceeded to make use of the valuable, and apparently well-grounded, information which we have had from Drs. Ringer and Murrell, and prescribed two-grain doses of permangate of potash in pill. In my prescription the excipient was glycerine, and the chemist with whom my patient dealt, a most careful and competent dispenser, came to me to say that he could not make up the pills with it as the compound smoked. I suggested an extract, but it also was found to be incompatible. Ultimately the pills were made up with liquorice powder and a little oil.

I may add that none of the disagreeable effects described are felt by my patient, who takes six grains of the permanganate daily; on the contrary, she imagines that her appetite has been improved. She takes the pills immediately after food, which is to be as solid as possible.

I am, Sir, yours truly,

Glasgow, Jan. 13th, 1883. ROBERT MACPHERSON.

THE LANCET.

LONDON: SATURDAY, JANUARY 20, 1883.

OUR readers will remember that an attempt was made to determine the position of the bullet in the body of the late President GARFIELD by means of an induction balance; it was, however, only partially successful, in that it afforded no evidence in support of the belief of the attending surgeons that the bullet had travelled down on the right side, and at the same time failed to indicate where the ball really was, on account of its being placed at such a great depth from the surface. At the annual meeting of the American Association for the Advancement of Science held last August in Montreal, Professor GRAHAM BELL read a paper in which he described the series of important experiments and researches which he had made with a view to render this instrument of real service to the surgeon in cases of gunshot wounds.

After referring to the discovery of the induction balance in 1841 by Professor DOVE in Germany, and to the improved form of it invented by Professor D. E. HUGHES, Professor BELL describes the simple form which he at first used. This consisted of two flat spirals of insulated wire, through one of which a rapidly interrupted voltaic current was passed, while its field of induction was examined by means of a telephone attached to the other; the currents induced in the latter producing a musical tone in the telephone. At every point in the field of induction, it was found that by turning the plane of the exploring coil a position of silence and another of maximum sound at right angles to it could be obtained. When the coils were in a position of silence, a piece of metal brought within the field of induction caused the telephone to sound; this effect was most marked when the spirals were in close proximity, and arranged with their planes parallel. The sound was most intense when the metal was brought over the spot where the two spiral coils overlapped.

Many suggestions as to the best form of construction of a practically useful induction balance were offered and tested, and numerous original experiments were undertaken by Professor BELL, which are all detailed in the paper before us. From these he learned that a better result was obtained by making the primary coil of greater diameter than the secondary, and by projecting the plane of the secondary considerably beyond that of the primary. It was further found advantageous to use a battery of great electro-motive force and slight internal resistance, and to connect the cells in series. At the suggestion of Professor ROWLAND a condenser was introduced into the apparatus, and it was found that this not only produced a different quality of sound, but also increased the hearing distance of the instrument. The problem then resolved itself into the construction of the most serviceable induction balance, and after many trials Professor BELL returns to his original form of two flat spirals, which he places in a recess turned out of a single block of wood; the coils are then temporarily connected with a battery, rheophore, and telephone, and are adjusted to the position of silence; the hollow in the wood is then filled with melted paraffine, and, on cooling, the coils are immovably fixed in a solid cake of this material. Practically, it is found to be impossible to fix the coils in their position of complete silence; but this is secured by introducing two other small coils of insignificant resistance, by means of which a kind of fine adjustment is obtained and a perfect balance easily secured. Metal may be introduced into this apparatus provided it is not placed over the spot where one coil overlaps the other. With this form of instrument President GARFIELD was carefully examined. No telephonic sound was heard down the right side of the abdomen, where the ball was believed to be lodged; but, raised above the trunk, an area of feeble sound was observed, which turned out to be caused by the wire mattress upon which the patient was lying. This examination led only to a negative conclusion, that the bullet was not where it had been formerly supposed to lie, but was embedded in the tissues too deep to affect the balance; the autopsy showed this to be the case. On Oct. 7th further experiments were made on patients at the house of Dr. FRANK HAMILTON. In one case, a bullet which had lodged in the right antrum was readily localised. The other case, used for experiment, was more striking; it was that of a man who, during the civil war in 1862, received a wound from a ball which passed through the sternal end of the left clavicle, and was supposed to have lodged in the muscles under the superior angle of the left scapula, and the symptoms confirmed this view; eighteen months later an abscess formed on the chest, and opened below the fifth rib to the left of the sternum. In this case the coils were moved over that portion of the back where the ball was supposed to be, but there was no response; when, however, they were moved along the front of the chest, at once a "loud and distinct" response was obtained over an area of about one square inch. The ball was actually "found to be within the thorax, probably in immediate contact with the inner surface of the ribs, the point being a little to the left of the sternum, between the third and fourth ribs."

In every case the instrument is more sensitive to metal placed inside the exploring coil than outside, and an apparatus devised by Mr. S. TAINTER permits of this being readily done. In his instrument the exploring part consists of one coil only, which may be made in the form of a large ring consisting of several turns of thick insulated wire, which can be slipped around a limb. All the adjustments are made upon the stationary part of the instrument. When this is used, the loudest sound will be produced when the ball is in the plane of the ring, and if the ring is slipped up the limb in three different planes, and the positions of loudest notes marked, the point where these three lines intersect will exactly localise the bullet. A similar ring might be made, consisting of a double wire, and be used in the same manner. The drawback to this modification of Professor TAINTER'S is that it does not detect metal at so great a distance from the explorer as BELL'S apparatus.

Professor BELL also suggests that, either for the detection of bullets or for the estimation of the depth of a ball already localised by the induction balance, a simple electrical con-

trivance may be employed. It consists of a telephone, to one terminal of which a fine needle is fixed, and to the other a plate of metal of the same nature as the needle. The plate is placed on a limb to be examined, and the needle is thrust in where the bullet is believed to be, and when it strikes the ball, a galvanic battery is formed within the body, the two poles of which are the bullet and the metal plate. This will cause a click to be heard in the telephone each time the bullet is struck. This is a far simpler apparatus than the induction balance, and one far more easily procured, and it would be well if surgeons called upon to treat cases of gunshot wounds would test its practical utility. Professor GRAHAM BELL'S efforts to apply electricity to practical surgery are most praiseworthy, and the results he has obtained merit the attention of surgeons.

WE have so frequently directed attention to the ascertained deleterious influence of cram as carried on in our elementary schools that the gradually awakening interest now being manifest in the subject on all sides is to us peculiarly satisfactory. The present system of education, concentrating its mighty efforts upon the mental, while entirely neglecting the physical, training of our children, has from the first been looked upon with suspicion by physicians generally, and the anticipated dangers seem now to be so fully recognised that the time has arrived for an earnest effort at amelioration. The discussion initiated by Dr. FARQUHARSON, M.P., at Aberdeen a few days ago, before an audience chiefly composed of men actually engaged in teaching, was interesting from the unanimity of opinion expressed as to the magnitude of the evil, the proposed remedies, and the new facts elicited. The various medical men who joined in the discussion were at one with the teachers in their earnest protest against the intellectual forcing houses which our schools have now become, both alike deplored the serious injury to the health of the children, and recognised so serious a state of matters that Dr. FARQUHARSON'S proposal to appoint medical inspectors with considerable powers was very favourably received. The length of school hours, the rigidity of the code allowing no discretion either to the parent or teacher as to the subjects taught, the excessive work and other defects, were given as causes of headache, lassitude, want of sleep, nervous irritation, and even such well-marked diseases as St. Vitus's dance, while the general result to health was held to indicate a necessity for further attention to hygiene which could best be given by medical men.

Perhaps the most important result of this discussion, so far as its educating influence is concerned, will be found in the statistics compiled by Dr. BEVERIDGE. If the influence of cram be as injurious as is asserted, we would expect a heightened mortality from diseases of the nervous system, especially those of an inflammatory character, during the years of school life; and it was to elucidate this point that Dr. BEVERIDGE set himself. Taking the mortality among children of five up to youths of twenty, including statistics from the various large towns in Scotland, and dealing with the decades 1859–68 and 1872–81, the one as representing ten years prior to the operation of the Education Act, and the other a similar period since, very important results were brought out. It appears that from a percentage of 5·8 during the first decade mentioned, the deaths from brain disease, as against those from all other causes, had during the second risen to 7·7; and while this was the case where the towns were grouped as a whole, a similar result was shown where these were separately considered. During the first ten years the ratio of mortality in the different towns was as follows: Aberdeen 7½ per cent., Edinburgh 6½ per cent., Glasgow 5½ per cent., and Dundee 5 per cent. In the last period Aberdeen still led with a gross mortality of 9·2 per cent.; Dundee showed 8½ per cent., Edinburgh 7½ per cent., and Glasgow 7¼ per cent. Another result shown by this inquiry, as bearing upon the question of the benefit resulting from notification of infectious diseases, may be here mentioned. It appears that whereas in Glasgow, Dundee, and Aberdeen a material diminution in zymotic mortality had occurred, there was an actual increase in Edinburgh.

With opinions and facts like these to go upon, there seems an absolute need for a decided modification of the present system, and till this is brought about it behoves practitioners generally to consider what share this agency may have in the production of diseases which come under observation. A premium placed upon results, often brought about at fearful cost to the health of children, should be discouraged alike by parents and by patriots; and we cannot look forward with satisfaction to the future physique of our countrymen if methods so injurious to their development be adopted.

THE report by the Inspector-General on the state of the military prisons in 1881 does not, we regret to say, furnish the information respecting the health of the prisoners in a more satisfactory manner than in previous years. Under the new arrangements consequent upon the Army Discipline Act of 1879, the prisons at Lancaster, Chester, and Taunton were taken over by the military authorities on April 1st, and Brixton Prison on August 16th. From the return in the appendix to the report showing the number of military prisoners confined in the civil and military prisons, including Millbank and Brixton, on the first of each month, it would appear that the average in the former amounted to 444, and in the latter to 1191, making a total of 1635, or 118 under the average of the preceding year; but in another return the "average daily number of prisoners" in the military prisons is stated to have been 1381·5, a difference which appears to require some explanation. As in former reports, the information respecting the health of the prisoners is very meagre, and in some instances obviously incorrect. None is given as to those confined in civil prisons, and the "return of sickness during 1881" in the military shows an average of 178·4 men in Brixton Prison to have furnished in eight months and a half 1342 cases of sickness, or 7·5 cases for each prisoner. This is so obviously wrong that we must omit it from the following table. We are strongly disposed to think there is some error in the number reported from Chester; but as this is not so certain as in the case of Brixton, we have not thought it right to exclude it. The aggregate cases of sickness in Dublin are stated to have been only 12; but from the report of the medical officer, it appears that these were merely the cases transferred to the Royal Infirmary, and that the actual number which was under treatment was 818. With these corrections the

following table has been prepared, showing the sickness in each of the prisons during the year:—

Military prisons.	Period.	Average numbers.	Total cases of sickness.	Average daily sick.	Annual ratio per 1000 of prisoners.	Ratio per 1000 daily sick.
	Months.				Cases.	
Millbank . . .	12	420·9	213	8·56	507	20·33
Brixton . . .	4½	178·4	?	3·9	?	21·86
Gosport . . .	12	147·0	90	5·03	612	34·22
Taunton . . .	9	141·0	216	5·81	1532	41·19
Chester . . .	9	102·15	342 (?)	2·08	4464	20·32
Lancaster. . .	9	63·06	140	5·0	2924	73·46
Glencorse . .	12	51·62	97	2·87	1879	55·60
Dublin. . . .	12	111·61	815	3·45	733	30·91
Limerick . . .	12	75·60	26	1·77	344	23·38
Cork	12	90·97	49	1·95	539	21·43

The high ratio of cases shown in the returns from the new military prisons may to some extent depend on the fact of the staff not having been accustomed to deal with soldiers, and also, we fear, to inaccuracy in the returns. The great range of the average daily sick, between 20·38 at Millbank and 73·46 at Lancaster, or even 55·60 at Glencorse, is a subject which seems to call for a skilled inquiry on the part of the War Office. We observe in the reports of the medical officers that two cases of mania occurred in Brixton, two, and one of melancholia, in Gosport, and three of insanity in Lancaster prison. This prevalence of mental disorder appears to call for inquiry as to its causes. The subject of the health of our military prisoners is one deserving careful investigation, and it is to be regretted that the returns made to Parliament on the subject should be prepared in so inaccurate and inefficient a manner. We would suggest to the War Office authorities the necessity of establishing well-devised forms of returns, analogous to those in use in the army, with a view to ensure uniformity in the information furnished, and to afford some guarantee that important points bearing on the effects of imprisonment on the health, mental and bodily, of the prisoners are not overlooked.

IT is not in the least degree surprising that some members of the medical profession should be found to agree with the opponents of "Out-door Relief." Medical men are citizens, and therefore will have their own personals views of policy. Nevertheless, we must be excused for adhering to our expressed opinion on the subject. In reply to correspondents who have addressed us concerning this question, we can only again avow our conviction that the "workhouse test" is a cruel device, conceived in the interests of *economy* in its pitiful sense as a synonym for a cheeseparing and niggardly distribution of the funds subscribed by the public, as ratepayers, for the relief of the poor, but wholly antagonistic to the principle of "economy" in its political and only legitimate sense. The ministration of charity to the sick and the poverty-stricken is a duty we owe to humanity; and, grumble as we may, it is very right that a community should recognise the obligation which rests upon it by the self-imposition of a "poor-rate." The only cause for regret is that, in the distribution of the moneys subscribed and the administration of public charity, we cannot give without grudging, and withal so ungraciously that the dole lacks half its virtue. We are not of those who believe the modern way of being "benevolent" is the best. We do not think the exacting parsimony of guardians and overseers is to be commended, or that it is really good for society to fence the fund from which the poor are to be relieved with a *chevaux-de-frise* so formidable that none but the most audacious can climb over it. The workhouse test does *not*, as a matter of fact, keep the lazy ruffians, who ought to be flogged rather than pampered, "off the rates." These hardened and graceless beings have no objection to the workhouse, except in so far as its "rules and regulations" curtail their liberties. They do not feel humiliated by being sent into the wards. They have no homes—wretched though they might be—to break up. They are seldom troubled with those ties of affection which bind husband to wife, parents to children. One of our correspondents seems to think we are ignorant of the law on this subject, and reminds us that the Local Government Board does not "compel" guardians to separate aged couples. We never said it did. It is enough to know that the law does not prevent guardians from exercising their tyranny. It may be safely assumed that all and everything that guardians and overseers can legally do to drive the poor away from the relieving office they do; if more were permissible, they would do that too. There is not a grain of charity in the administrative system of the Poor Law. It is Bumbledom throughout, and in its highest possible development. Even when humane and kind-hearted gentlemen become guardians, whether voluntarily or *ex officio*, they leave their better natures outside the Board-room, and, as guardians, vie with each other, and the harder sort indifferently, in the imposition of cruel and oppressive regulations to scare the vagrant population out of their own particular parish or union, and to reduce the average number resident in the local workhouse. This done they are happy. Now we repeat our protest against such a method of administering the public funds, and again urge that it is not thus the poor should be treated. It would be better far to err on the side of leniency than to increase the misery it is intended to relieve. "Workhouse tests" do not, we affirm, keep the able-bodied and indolent out of the house. They only deter the necessitous and sorrowful, the truly poor and distressed, from seeking relief. The system is radically wrong. It is a purblind blunder. It is time to speak out on the subject, and we have no hesitation in doing so. The national sin we are committing in hounding the poor from parish to parish, and leaving the shrinking and unpitied to starve because of this silly fad of ours about the alleged abuse of the poor-rates, will, sooner or later, bring down upon us the political and social retribution our short-sighted and infatuated error of policy deserves.

FROM a letter published in *The Times* it would appear that, at the time of his death, the late Sir HENRY COLE was actively engaged in endeavouring to promote the formation of Guilds of Health in every parochial district throughout the United Kingdom. With that view he had put himself in communication with the Prince of WALES, and had secured his Royal Highness's interest in the movement. Whether additional legislation would have been necessary to secure a legal standing for these guilds, or whether it was anticipated that they could be organised under the Local Government

Board, does not appear. It can hardly be doubted that the formation of guilds or associations for the purpose of diffusing sound information on all subjects connected with the health concerns of the people must prove beneficial, especially if the means of effecting the necessary sanitary improvements are brought within the reach of all classes by the adoption of economical co-operative working. The great fear appears to us to be that such associations may be overwhelmed by the formation of an expensive staff and the troublesome interference of the members with those who may not choose to be taken under their protecting care. We know that much good has already been effected by the societies to which we referred in a recent article on Unhealthy Houses, and we should be glad to see an extension of them and their work; but we have some doubts whether the country is prepared for a general formation of such bodies in every parish, especially if they are to be maintained by an addition to the rates. The action of the Local Government Board has not been so satisfactory as to lead us to desire either an expansion of its sphere of labour, or the formation of an analogous body to work out sanitary problems by experiments on our houses, with or without our consent. We attach much value to the work done by the existing sanitary associations, and would hail with pleasure their wide-spread formation; but until we know more of the principle on which the Guilds of Health are proposed to be established, the means by which they are to be supported, and the extent to which, and the mode in which, they are to be permitted to interfere with their neighbours, we must refrain from expressing any opinion as to their desirability or expediency. Local government is doubtless a good thing, but it is quite possible to have too much of a good thing, and perpetual interference on the part of a public body may be fairly included in that category.

Annotations.

"Ne quid nimis."

HEALTH OF THE TROOPS IN EGYPT.

WE observe with much regret that, according to the latest intelligence received from Egypt, the improvement in the health of the troops which took place in December has not been maintained. On the contrary, the proportion of non-effective from sickness has increased, and now amounts to 73 per 1000 of the officers and 132 per 1000 of the men. Enteric fever is still very prevalent and fatal, eleven deaths having occurred by it at Cairo in the first fifteen days of this year, a very high rate of mortality. The troops appear to have become thoroughly saturated with malaria, or the poison, by whatever name it may be called, which causes the prevalent fever, and to be unable to throw it off under the circumstances in which they are now placed. It may be remembered that a precisely similar condition occurred among the troops who took possession of Cyprus, and that it was found necessary to remove them from the island to enable them to recover their health and get rid of the cause of the fever. With this instance before them, and the beneficial results which followed the action thus taken, it is clearly the duty of the Government to remove from Egypt, with the least possible delay, the regiments which have become so unhealthy from the effects of their service in the field, replacing them by healthy corps either from home or from the Mediterranean stations. By such an arrangement the troops now suffering so much would have a good chance of recovering health and efficiency, while, judging from the Cyprus results, the men who replace them would have the power to resist any local conditions which may at present be in operation to keep up the sickly state of the existing force. Whatever is to be done, however, must be done quickly; delay in removing the suffering men to stations where they will have a good chance of regaining their health will involve a serious responsibility on the part of the military authorities and of the Government generally.

UNIVERSITY OF LONDON: MEETING OF CONVOCATION.

THE motion respecting the M.B. Examination referred to in our last issue fell to the ground, at the meeting of Convocation on Tuesday last, on account of there not being thirty members present to form a house. It had come on at the close of the business, being introduced by Dr. Meek, who argued that such important subjects as diseases of the eye and ear ought not to be omitted from an examination qualifying for general practice. Dr. Horrocks seconded the motion, which was opposed by Dr. Hilton Fagge, who pointed out the undesirability of increasing the number of examiners and subjects, but suggested that the use of the ophthalmoscope and laryngoscope might well be added to the list of subjects without calling for special examiners, and that the matter should be referred to the Annual Committee. The amendment which he moved in this sense was not seconded, for at the close of Dr. Fagge's remarks the Chairman drew attention to the fact that there was no quorum, and the session abruptly closed. It is significant of the lack of interest taken in the proceedings of this University that not more than ten (if so many) medical graduates were present. Each of the three resolutions upon the paper preceding Dr. Meek's were carried after some debate. They expressed the opinion of Convocation that graduates in music should be admitted to Convocation; that the Senate should be urged to move on behalf of the University in the matter of Gresham College, before the Charity Commissioners; and sanctioned the appointment of a committee to inquire into the proposal to establish local examinations in connexion with the University.

MR. GLADSTONE AND THE SANITARY STATE OF CANNES.

THE visit of Mr. Gladstone to Cannes, and his proposed sojourn there for a time, invest with special interest the following letter, addressed to us by Dr. Russell Reynolds, on the sanitary condition of that town:—

"Sir,—Having just returned from the Riviera, after a short Christmas holiday, I think that it may be of interest and service to many of your readers to know that Cannes is now thoroughly healthy. The 'scare' of last year has brought about a very wholesome and earnest action on the part of the local authorities. It has been possible for me to ascertain the facts with regard to the health-condition of Cannes, not only from the best-informed residents and physicians of that town, but also from those who have no special interest in its prosperity, as they reside in Nice, Mentone, and San Remo. The system of drainage which is now being carried out will, in my opinion, render Cannes as health-giving as it is beautiful." We are pleased to publish the above very optimist letter, and only trust that Dr. Russell Reynolds has not mistaken the will for the deed. The Municipality of Cannes has set a good example not only to the municipalities of other Continental health resorts, but to the local authorities of many important English centres. The severe criticism which we were in duty bound to offer respecting the sanitation of that town and the scathing denunciation of Mr. Robert Rawlinson, C.B., were not

only carefully studied by the Mayor, the town architect, and the municipal councillors of Cannes, but, instead of exciting resentment, were, on the contrary, powerful in stimulating the desire for reform. The Mayor himself came over to England during the summer to study what could best be copied from English experience, and a Sanitary Bureau, with a sanitary inspector always on duty, has been organised at Cannes. As to the general drainage of the town, it seems rather premature to pronounce an opinion. It would be safer to wait till the works have been completed, and have been in operation some time, as the difficulties are exceptionally great. There is no fall, and, on the other hand, every gust of wind brings fresh clouds of fine sand to clog the sewers. The laudable energy of the local authorities will doubtless overcome these and many other very great obstacles, not the least being the utter ignorance of the population as to the dangers and laws affecting sewer gas. But, even under the most favourable circumstances, such important changes cannot be effected in a few brief months.

THE CLINICAL SOCIETY OF LONDON.

AT the annual meeting of the Clinical Society held on the 12th inst., the ballot for the officers for the ensuing year was taken. Drs. de Havilland Hall and Ch. Turner were nominated scrutineers, and they reported that the following gentlemen had been duly elected:—President: Dr. Andrew Clark. Vice-Presidents: Drs. Broadbent, Pavy, Southey; Messrs. J. Croft, Durham, and George Lawson. Treasurer: Mr. Christopher Heath. Council: Drs. Cavafy, Gowers, Robert Liveing, R. J. Lee, Mahomed, Ord, G. H. Savage, Gilbart Smith, Frederick Taylor, Burney Yeo, Edwin T. Watkins; Messrs. A. E. J. Barker, Godlee, Howse, Clement Lucas, Howard Marsh, J. H. Morgan, Herbert Page, R. W. Parker, and W. J. Walsham. Honorary Secretaries: Dr. Coupland and Mr. Warrington Haward. The report of the Council was read by Mr. Warrington Haward; it showed the Society to be in all respects in a flourishing condition. Reference was made to the death of Sir Thomas Watson, the first President of the Society, to whose wise and fostering care in its early formation the subsequent success of the Society was largely due. Mr. Heath, the treasurer, read the balance-sheet, which showed an extremely satisfactory state of the finances. The adoption of the report was moved by Dr. Duffin, seconded by Dr. Meadows, and carried. Mr. Gant then rose to propose a vote of thanks to the retiring president, Mr. Lister. He referred to the fact that they were students together at University College, and that at that time Mr. Lister was pre-eminent in a class of men who had attained to considerable distinction in their subsequent career. Few if any men had ever attracted so much attention to his professional work as he, and the very differences of opinion that prevailed as to the value of the particular form of wound treatment advocated by him, showed how the question had arrested the attention of all. His was the happy lot of being able to confer honour upon the Society by presiding over it, which he had done with unremitting zeal and marked ability. To him he might not unfairly apply the words which Lord Bacon hoped might be true of himself—that "he had spent his life in making industrious observations, grounded conclusions, in profitable inventions and discoveries." Mr. Howard Marsh seconded the resolution, and observed that the Clinical Society, as a young society, depended much upon its president. Hitherto it had been very fortunate in these officers, but of them all none was so distinguished, or so worthy of the thanks of the Society and of the whole profession as Mr. Lister. The resolution was carried very cordially, and Mr. Lister, in reply, thanked those present for their kindness, and said that he was glad to know that the Society had not gone back during the last two years their numbers had increased, the work done had been of high excellence, the attendance had been good, and the discussions earnest, able, and courteous. He had felt it to be a great privilege to preside over the Society, and he felt very grateful to all the members for the uniform kindness and consideration he had received at their hands; he had come among them a stranger to many, but their relations had been unruffled by the least unpleasantness from first to last. A vote of thanks to the other retiring officers, proposed and seconded by Mr. Clement Lucas and Dr. Finlay, and responded to by Mr. Spencer Watson, brought the proceedings to a close.

CHILLS, THEIR CAUSES AND CONSEQUENCES

CATARRHS should receive careful consideration, instead of the neglect which they generally meet with, until they have fastened on the part affected so much as to excite the attention, and perhaps alarm, of the sufferer. Here, however, we propose to say a few words about the causes of chills. A person in good health, with fair play, easily resists cold But when the health flags a little, and liberties are taken with the stomach or the nervous system, a chill is easily taken, and, according to the weak spot of the individual, assumes the form of a cold, or a pneumonia, or it may be a jaundice. Of all causes of "cold" probably fatigue is one of the most efficient. A jaded man coming home at night from a long day's work, a growing youth losing two hours' sleep over evening parties two or three times a week, or a young lady heavily "doing the season," young children at this festive season overfed and with a short allowance of sleep, are common instances of the victims of "cold." Luxury is favourable to chill-taking; very hot rooms, soft chairs, feather beds create a sensitiveness that leads to catarrhs. It is not, after all, the "cold" that is so much to be feared as the antecedent conditions that give the attack a chance of doing harm. Some of the worst "colds" happen to those who do not leave their house or even their bed, and those who are most invulnerable are often those who are most exposed to changes of temperature, and who by good sleep, cold bathing, and regular habits preserve the tone of their nervous system and circulation. Probably many chills are contracted at night or at the fag end of the day, when tired people get the equilibrium of their circulation disturbed by either overheated sitting-rooms or underheated bed-rooms and beds. This is especially the case with elderly people. In such cases the mischief is not always done instantaneously, or in a single night. It often takes place insidiously, extending over days, or even weeks. It thus appears that "taking cold" is not by any means a simple result of a lower temperature, but depends largely on personal conditions and habits, affecting especially the nervous and muscular energy of the body.

A LADY DOCTOR FOR THE POST-OFFICE.

WE have a great respect for Mr. Fawcett and for his sense of political justice, but we hope he will think twice before he makes the appointment, which rumour forecasts, of a lady practitioner to the medical charge of the *employées* in the Post-office. We do not question the right of a lady to practise medicine, however we may question the fitness of her doing so. Neither do we dispute the right of ladies to consult ladies. But for a political chief to take advantage of his position to appoint a lady doctor to attend the females employed in a department, without reference to their feelings, seems to us neither right nor just. The thing would be wrong, even if done by Mr. Fawcett, whom we congratulate most heartily on his recovery. If a majority of the *employées* are in favour of such an appointment, that would of course alter the case somewhat. But it is highly improbable that such is the feeling of the majority.

FOOTBALL.

OUR observations on the fatalities recently occurring in the football field have called forth a variety of criticism. Some have entirely gone with us, others, whilst admitting the force of our remarks, are unable to see how the risks are to be diminished; whilst a few, chiefly juniors, have noisily declaimed against any interference with this "manly" game. The facts, however, remain clear that football is attended with more risk to life and limb than any other athletic pursuit, and that the danger increases proportionately with the age of the players, since, owing to increased weight and strength, injuries are apt to be more severe and falls heavier. It is therefore incumbent that rules should be adopted calculated to minimise the risk. More than two hundred years ago, in the time of James I., a royal proclamation was needed to put a stop to the brutal roughness of the game as then played. Whether that had any immediate or permanent effect we are not aware, but one thing is certain, that thirty or forty years ago the game, as played at most schools, was free from many of the objectionable features which have been imported into it since the introduction of the so-called Rugby rules. Those who remember the game as then played tell us that more science was displayed than is the case under the present system, where strength and weight are undoubted qualifications. A game, we think, would not be the less "manly" which put the light and heavy weights on more equal terms. With regard to the deaths we have alluded to, it has been suggested that they might have occurred had the deceased been engaged in diving, swimming, running, cricket, hunting, skating, dancing, or any other pursuit of which exercise and excitement formed component parts. From the medical evidence adduced at the inquests we should be inclined to differ from this opinion, and that neither the exercise or the excitement attendant on the above named pursuits would have been either dangerous or even hurtful. In one case death was said to be caused by shock to the nervous system; in another, the ball struck the player on the chest, he fell backwards, and died with symptoms of paralysis. In both instances the evidence went to show that the deceased prior to the game had been in a weak state of health. In both cases a violent shock was the proximate cause of death; a shock, however, which might have been recovered from if the unfortunate players had been in good health at the time. We contend again that in no game is there so much violence employed as in football, and so much stress thrown upon the organs of circulation, except in rowing matches. In rowing, however, the risk of laying the foundation of serious heart disease is considerably diminished since the strain on the heart is gradually increased, racing pace being only adopted after training has been followed for some time. In football quite the contrary obtains: the majority of players can as a rule only spare one afternoon a week, and this is not sufficient to keep a man in condition, especially one who for the remainder of the week has to pass long hours in sedentary occupations, in the office, the study, or place of business. This side of the question seems to us as important as the consideration of the deaths that immediately result from injuries received whilst playing the game. We have been such consistent supporters of "athleticism," that we can afford to smile at the sneers of the inconsiderate advocates of football as at present played. It would be matter for regret that a game capable of affording so much wholesome and easily attainable exercise for all classes should fall into disrepute, owing to the fatalities and accidents attendant on it. The remedy we would suggest is that the present rules be revised so as to diminish the excessive amount of scrimmaging and hacking, and develop the finer characters of the game; also that secretaries of clubs should select their men with regard to health and condition with as much care as a captain of a boat club selects his crew for a race. The old protests against rowing have died away now that prudence is allowed to regulate the sport. Formerly, as far as regards college races, men went down and rowed severe races, often without any previous preparation; no wonder weak lungs and hearts were speedily found out. Now that training and gradual preparation are recognised as essential to success in boat-racing, the number of instances of men doing themselves harm, as far as the universities are concerned, is in the course of any given year infinitesimally small.

RAPIDITY OF CEREBRAL ACTS.

M. ALBERT RENÉ has, according to the *Revue Scientifique*, made a long series of experiments in the physiological laboratory of the Faculty of Medicine at Nancy, on the rapidity of transmission of impulses through nerves, and the rapidity with which cerebral acts are performed. He finds that the intensity of the stimulus has a direct influence on the rapidity of nervous transmission. The stronger the stimulus the more rapid the transmission. The rate of transmission cannot therefore be stated in exact terms, since it is relative, as has been not unfrequently noted for other kinds of cellular activity. He has also confirmed the fact, now very generally admitted, that it is impossible to measure the rapidity of transmission in sensory nerves by stimulating different points of their length, for the rapidity of the response is not proportionate to the length of the nerve traversed. Thus the response to a stimulus applied to the finger is often made with a shorter interval of time than a stimulus applied to the elbow or to the shoulder, though the length of nerve called into play is much greater in one case than in the other. In a word, it is impossible to compare the results obtained from different regions. The most exact method of measuring nervous transmission appears to be that of response to an auditory stimulus. The rapidity with which nervous impulses are here conducted he estimates at 28 metres per second, which is a little lower than the number obtained by other physiologists. For the rapidity of transmission of motor impulses M. René gives twenty metres per second, which is below that of experimenters, and notably below that of M. Chauveau. The duration of a cerebral act he estimates at $\frac{1}{11\frac{1}{2}}$ sec. In young infants the duration is more considerable, amounting to 0·090 sec. The duration of a reflex act—that is to say, the time occupied by the entire reflex arc, sensation, transmission to the cord, including motor impulse, and muscular movement—is 0·15 sec.

THE CORONER'S COURT AND FUNCTION.

THERE is no room to doubt the value of the Coroner's court and function. The only question which ever arises concerning this legal office relates to the discharge of its important duties and its general administration. In quite recent experience there has been abundant occasion for criticism, if not for censure. A coroner's court is not a board of inquisition in regard to every subject under the sun, nor is it expedient that its proceedings should be extended indefinitely simply because it so happens—or appears so to a coroner—that a case is not likely to be investigated elsewhere. Nothing is more likely than that the office of coroner should simply degenerate into something very like an agency for the propagation, if not the creation, of scandal, unless a very keen sense of right and justice possesses the mind of the coroner, and the juries be wisely selected. One of the reforms most urgently necessary in connexion with the Coroner's court must relate to this last-mentioned particular. The prevailing practice of leaving everything to the discretion of the summoning officer, which means placing the selection of a jury in the hands of an incompetent official, is the cause of many evils. Mr. Justice Hawkins has done good service by directing attention to this matter. Coroners and

their courts are generally too ambitious, and they are apt to be too much addicted to a gossiping way of undertaking business, which is neither for the common good nor conducive to the interests of justice. The sole, and proper, object of an inquiry before a "coroner" is to ascertain the cause of death, so far as that may concern the public safety and the interest of the State. It is greatly to be regretted that coroners and their juries should ever aspire to do more than honestly fill the sphere allotted to them, and justly discharge its specific duties.

THE PRINCESS OF WALES AND CRUELTY IN SPORT.

IT is gratifying to find that the repeated protests raised in our columns and elsewhere against the indefensible cruelty of pigeon-slaughter are at length producing effect. We learn that a number of ladies, under the leadership of the Princess of Wales, have signified their intention of discountenancing the "sport" by conspicuous absence from all rendezvous of members of gun clubs where live pigeons are shot at for the delectation of an assemblage of idle spectators. The acquisition of the marksman's skill need not, however, be imperilled by the above attempt to do away with the atrocities heretofore perpetrated at Hurlingham and other places. The ingenuity of our American cousins has devised a clay representative of the pigeon, which appears to act as an effective substitute, and at a recent meeting of the Ranelagh Club at Fulham fulfilled every expectation formed of its utility in that respect. If, in future, live pigeons are employed at shooting matches, the throng who gaze at the practice will be obliged to confess that it is not simply the dexterity displayed in the use of the gun which attracts them to the scene, but that the sight of the agonies of the wounded victims is essential to give zest to the entertainment. We may probably hope for the exercise of the Royal influence of the Princess of Wales, who commands the esteem and affection of the whole of the English people, in putting a stop to other kinds of unmanly sport, which have long been a standing disgrace to the nation.

ALLEGED DEATHS FROM VACCINATION.

AN inquest was held on the 11th inst. on the body of a child aged one month, whose death was believed to be due to vaccination. The deceased, who was but an eight months' child, and was described as small and delicate, had been vaccinated in the St. Pancras Workhouse on the seventh day after birth. Two insertions were made, and two vesicles were developed, but these subsequently ulcerated, and a suppurating wound, which did not scab, resulted. Eventually the child became comatose, and died from suppurative meningitis. The evidence shows that no exception could be taken to the lymph, which was also used for the vaccination of several other children, who did well. But there appears to be reason for thinking that the condition of the child at the time of vaccination should have led to the postponement of the operation. The requirement that infants born in workhouses should be vaccinated before leaving is undoubtedly a wise one, and goes far to prevent an increase of the unvaccinated portion of the community. The evidence of the medical officer of the workhouse, that he had vaccinated without ill result three thousand children varying in age from five to twelve days, is ample proof that, when in good health, very young infants may be vaccinated without risk. But the fact must not be lost sight of that the vaccinator is expected to exercise a proper discretion, and consider the condition of every child who comes before him for vaccination. If we are to be guided by the report of the evidence which has appeared in the newspapers, we see no reason to differ from the verdict of the jury, that in this case the vaccination should have been postponed. But another death from vaccination has recently occurred at Darley, and in this case it is alleged the infant was inoculated with septic matter by the use of dirty instruments in the removal of lymph. In the absence of the official report we defer making any comment upon this case, but we observe in a local paper a strong protest on the part of the public vaccinator against the publication of an official report based upon evidence to which he had, according to his own statement, no opportunity of making reply. We cannot believe that any inquiry conducted by the medical department of the Local Government Board could have excluded the evidence of the person most concerned in the operation, and, providing the evidence warranted the conclusions to which the inspector came, we fail to see any reason for not publishing the report; indeed, it is only by such means that negligence can in the future be prevented and the confidence of the public maintained.

MR. GLADSTONE'S HEALTH.

WHEN Mr. Gladstone left Charing-cross terminus for Cannes on Wednesday morning there was little in his appearance, or in his stroll on the platform with Sir William Harcourt, to explain the need of that rest in a more lightsome atmosphere which has been enjoined upon him. Nevertheless there was a necessity for some such course. The sleeplessness has returned more or less, and, consequent upon it, some degree of exhaustion. Mr. Gladstone's general condition is fairly good, but the recurrence and persistence of sleeplessness make his advisers anxious to utilise the remaining weeks of the Parliamentary vacation for the purpose of gaining him complete repose. The nation will not grudge him the rest for which he has so greatly laboured. It owes a debt of gratitude to Dr. Clark for putting a veto on those Scotch schemes which Mr. Gladstone's friends were elaborating, and which would have made an unwarrantable demand on even his great powers, whilst it will not forgive the culpable inconsiderateness of any person, high or humble, who in the next fortnight makes any overtures to him which demand attention, or tend to rob him of the sense of liberty claimed by a private gentleman bent on recreation and repose.

SMALL-POX AT CATHCART.

OUR Glasgow correspondent writes:—Small-pox has broken out at Cathcart, one of the suburbs of Glasgow, among a body of rag-sorters employed in a paper mill. It seems that some weeks ago a consignment of rags was received from Königsberg, and it is the operatives employed in sorting these who have been attacked. In all, four cases have occurred; but it is reported that others are sickening with the disease. Prompt measures have been adopted by Dr. Ritchie, the medical officer, and by the other sanitary authorities, for the suppression of the outbreak. The rags which remain of the lot referred to have been placed in a chemical solution, and a further consignment from Königsberg has been countermanded. Considering that outbreaks of small-pox, anthrax, &c., are so numerous in connexion with the manipulation of imported rags and such materials, it is surprising that some sort of quarantine or examination of such stuffs has not long ago been established. Another fact has been brought out by this outbreak. Cathcart is a large and wealthy parish, but has no fever hospital of its own. In the present case some, of the patients were taken to Govan Hospital, and some a still greater distance, to Belvidere Fever Hospital, belonging to the city of Glasgow. This is not as it should be; and in the case of Glasgow, needing all its accommodation for its own patients, as in a widespread epidemic, might prove a very disastrous matter.

OUR ARMY.

FROM the general annual return of the army for 1881, which has just been published, we learn that the average strength of officers serving at home was 3954, and abroad 3658; and of non-commissioned officers and men 87,992 and 93,194, making a total of 188,798 officers and men, numbers which correspond very closely with those of the preceding year. Of the men 2570 are reported to have died, and 3712 to have been discharged as invalids, being respectively in the proportion of 14·18 and 20·49 per 1000 of strength. These are both considerably lower than in 1880, when the ratios were 17·02 and 21·93 per 1000, but in that year the excess was chiefly due to the Afghan war. To keep up the army to its effective strength 45,360 recruits were enlisted, of whom 11,682 were rejected, and 25,499 passed into the service, the remaining 8179 having failed to join from various causes. We regret to observe that there has been an increase in the relative proportion of recruits under twenty years of age received into the service as compared with the preceding year. It has, however, been confined to those between nineteen and twenty: under nineteen there has been a marked decrease. Of those passed into the service sixteen died and 118 were discharged as unfit for medical reasons within three months from the date of enlistment, being in the proportion of ·6 and 4·5 per 1000 recruits joined. The return of the nationality of the men serving in the army in 1881 shows an increase of four per 1000 English and a decrease of three per 1000 Scotch and one per 1000 Irish as compared with the preceding year. The educational return of the men serving shows, as might have been expected, a marked improvement, the numbers who are "better educated" being 715 per 1000 as against 677 in 1880. The returns of court-martials and of fines inflicted for drunkenness show that unfortunately temperance is not making progress in our army either at home or abroad. The court-martials for being "drunk on duty" and "drunkenness" amounted to 4808 as compared with 4148, and the fines for drunkenness to 44,108 against 40,684 in 1880. This certainly indicates a very unsatisfactory state which merits the serious consideration of the authorities. The increase in the court-martials was nearly equally divided between the troops at home and abroad.

THE CONTAMINATION OF EARLY SALADS.

ONE of the special delights of a winter on the Riviera is the enjoyment of spring and summer vegetables during the first months of the year, and nothing is more wholesome, when properly mixed, than a French salad. Unfortunately there is a method of cultivating the endive, the lettuce, the *barbe de capucin*, &c., which from the Riviera are sent to Paris and London, that is as repulsive to the imagination as it might be dangerous to the health. The drainage of the Riviera towns is still most primitive. In the poor or native quarters a rough style of pail system is employed. This consists of two long narrow wooden casks, which, by reason of their shape, fit conveniently on each side of a mule's back. There is no watercloset in the house, but these casks are kept in a cupboard, or sometimes under the staircase, and are gradually filled up by the family emptying their vases therein. The kitchen, or waste, water is either thrown or drains out into the street gutter. Hence the tubs contain a very concentrated and powerful manure, as any one may witness who has the misfortune to approach them. This is periodically taken out to the country and poured over the land. But where young vegetables are forced, a greater supply of manure is required. So eager are the cultivators to be first in the market, that we have noticed them pick from the beds that have just been manured some of the heads of salad that are most advanced, leaving their less forward neighbours alone to benefit from the fertilising agent. The salads thus gathered prematurely are often bespattered by the fæcal matter that has just been thrown over the bed. This may consist of dejections from a typhoid patient, and it is more than doubtful whether the mere rinsing of the salad leaves, when thus contaminated, in a little cold water is sufficient to purify them. This washing also is often very carelessly performed, as witness the occasional presence of earth, grit, and even slugs, in salads served at table. It is natural to expect that vegetables are allowed to absorb the manure supplied to them through the decomposing and purifying agency of the earth, before they are gathered, but unfortunately this is not always so with respect to early salads on the Riviera, and this danger has been pointed out to us on more than one occasion. We beg leave to call the attention of the sanitary bureau at Cannes to this question. The pail system was still in vogue in the poor quarters of Cannes last year, and is very general along the Italian Riviera. Perhaps a judicious remonstrance addressed to the agriculturists might ensure a little more care and cleanliness.

MIDWIVES AND THE BURIAL OF STILL-BORN INFANTS.

DR. TATHAM'S thirteenth annual report upon the health of Salford during the year 1881 contains the important statement that 299 infants were buried in the Salford cemetery as still-born during that year, and, further, that in 200 of these cases the assertion of still-birth was only supported by a midwife's certificate. In countries where still-births are registered their proportion to live-births averages between 4 and 5 per cent., and it may be noted that the 299 still-births in Salford above referred to were equal to 4·3 per cent. of the births of living children registered during the year in that borough. If therefore the Salford cemetery be practically the only available burial-ground for the borough, it would appear that the proportion of infants buried as still-born in Salford was not abnormally high in 1881. Whether regarded from a social, sanitary, or statistical point of view, however, we entirely agree with Dr. Tatham that the facilities afforded by the present state of the law as regards the burial of live-born children as still-born are eminently unsatisfactory. It is true that the Births and Deaths Registration Act of 1874 makes it an indictable offence to "make, give, or use any false statement or representation as to a child born alive having been still-born." It is, moreover, satisfactory to find it recorded by Dr. Tatham that this law is not entirely a dead letter in Salford, as a local midwife was recently prosecuted by direction of the Registrar-General, and convicted in the full penalty, £10 and costs, with the alternative of one month's imprisonment. The above-mentioned Registration Act provides that "a person who has control over, or ordinarily buries bodies in, any burial-ground shall not permit the body of any deceased child to be buried as if it were still-born, before there is delivered to him" either (1) a certificate from a registered medical practitioner, who was in attendance at the birth, or has examined the body of such child; or (2) a declaration signed by some person who would, if the child had been born alive, have been required to give information concerning the birth, to the effect that the child was not born alive, and that no medical practitioner was present at the birth, or that his certificate cannot be obtained; or (3) if there has been an inquest, an order of the coroner. A midwife is not mentioned in the Act as qualified to give a certificate of still-birth, but she appears to be so qualified as one of the persons who, as present at the birth, might be called upon to register the birth of the child had it been born alive. There can be little doubt that under present circumstances the average midwife is an undesirable authority to certify as to still-birth, and her recognition as the source of satisfactory

information on this point adds another strong argument in favour of the registration of midwives. In the meantime, an investigation of the results of the present system of certifying still-births for burial purposes is urgently called for.

THE PROFESSION OF LIVERPOOL AND DR. LITTLEJOHN OF EDINBURGH.

A CORRESPONDENCE has been forwarded to us for publication between Dr. A. Davidson of Liverpool, on the one hand, and Dr. Littlejohn of Edinburgh, on the other, in reference to a statement alleged to have been made by Dr. Littlejohn, in a letter to the *Glasgow Herald*, representing the profession in Liverpool in the matter of notification of infectious diseases "as protesting against a loss of fees were any of their patients, however badly placed, removed to hospitals." On the other hand, Dr. Davidson asserts that the protest of the medical profession against the proposed compulsory notification of infectious disease was almost unanimous, and was based on no considerations of pecuniary loss, but on grounds of public policy. We cannot but regret that Dr. Littlejohn should complicate this important question by introducing into the discussion a statement which can be construed as his statement in the *Glasgow Herald* has been. And we are bound to say further that his attempt to justify the statement by reference to what was said by speakers at the Worcester and Nottingham meetings of the British Medical Association, in no way entitled to represent the profession of Liverpool, is very unsatisfactory. We have not always agreed with the profession in Liverpool on this question. But it is one on which medical opinion may fairly differ. And it is most gratuitous and unwise to represent medical men as opposing the system of notification on pecuniary grounds. We have constantly recorded the arguments of those who oppose the system of notification, and have to testify that they are arguments based on public grounds, and entitled to respect. We trust Dr. Littlejohn will see his way to withdraw expressions which his opponents naturally feel to be misrepresenting.

DAMP-COURSES AT WEST HAM.

A CORRESPONDENCE has been forwarded to us which has taken place between the Nineteenth Century Building Society and the West Ham Local Board, from which it appears that the Society, having been asked to advance money for the purchase of a house in that urban district, found that the building had been erected without a damp-course. They then drew the attention of the Local Board to the fact, as ascertained by their surveyor, that the house in question was not an exceptional one, but that other houses were being built without any damp-courses. After some considerable correspondence the Society is told that the matter, being a private one, could not properly be brought before the Board. Now, we have no doubt but that the Society in question had only one object in view in bringing this subject prominently forward. Several of its members are distinguished by their efforts to promote public health, and they have certainly performed a public duty in drawing attention to the fact that at West Ham houses can be, and are being, built without one of the most important and at the same time one of the most costless provisions required in the interests of the health of the inhabitants. It is to be hoped that although the West Ham Local Board did not see fit to correspond with the Nineteenth Century Building Society as to their shortcomings, they have made arrangements, either by the efficient supervision of new buildings, or otherwise, to secure to every dwelling-house which may be erected hereafter a proper and suitable damp-course.

METROPOLITAN BAKEHOUSES.

IN his last monthly report on the health of Kensington Dr. Dudfield refers to the regulation of bakehouses. Since the repeal of the Bakehouse Regulation Act by the Factory and Workshops Act, 1878, there has been so great dissatisfaction at the method in which the inspection of bakehouses has been carried on that some fresh legislation on the subject has become very probable. The Kensington Vestry join in regarding the present arrangement as most unsatisfactory, and they ask that the duties now vested in the Factory Office may be transferred to the sanitary authorities, with additional powers to regulate the site, construction, lighting, ventilation, and cleansing of bakeries, and also to supervise the materials and utensils employed in the manufacture of bread. They have further asked the St. Pancras Vestry, who had been the first movers in this matter, to take the initiative in respect to future legislation, but that vestry, whilst agreeing with their colleagues in Kensington as to the necessity for some fresh step, do not see their way to take action at present. Longing eyes are now turned towards the new London municipality, but Londoners themselves will probably not wish to wait for the formation of this board in order to be satisfied that their bread is manufactured under circumstances which will prevent its becoming a source of injury and even disease.

EPIDEMIC OF SYPHILIS AT SHEFFIELD.

A CALAMITY quite unparalleled in England, and with few rivals in any other country, has recently occurred in Sheffield. By untiring assiduity Dr. Hime has succeeded in collecting and connecting a number of isolated cases of syphilis, occurring in recently-delivered married women, and in tracing the origin of the series of cases to a midwife who attended all the women in their confinements. Dr. Hime subsequently brought the matter before the Health Committee of the town, and, greatly to the credit of the committee, it has undertaken the prosecution of the midwife on behalf of the sufferers, all of whom are of the artisan class. On Tuesday the defendant appeared before the stipendiary magistrate at Sheffield, charged with having "wilfully and maliciously caused grievous bodily harm" to the complainants, who were two married women, and one infant, all of whom have exhibited syphilitic symptoms. The result of the case was that the defendant was committed for trial at the approaching assizes at Leeds. The midwife has been suffering from syphilis, and has had local manifestations on several fingers from time to time during the past four or five months. It is very satisfactory that the first stage of the case has been successfully accomplished, and every credit is due to Dr. Hime for collecting the evidence in the case, a task which must have been unusually difficult, considering the private and painful nature of the facts to be ascertained. We shall await with interest the further development of the case.

THE VACANT CORONERSHIP FOR SOMERSET.

THE competition for this appointment is exceedingly keen, amongst the candidates being Mr. E. C. Garland, M.R.C.S., L.R.C.P., &c.; Mr. A. W. Venn, a solicitor; and Mr. W. Muller, who describes himself in an address he has published, as a resident at Bruton for twelve years, and "an officer of volunteers." In this address Mr. Muller gives a short summary of the career of his grandfather, the paternity of his grandmother, and the reason for his father's residence abroad. These facts, although extremely interesting in a domestic sense, will, we fear, be hardly likely to improve Mr. Muller's candidature. Mr. Garland has been for seventeen years deputy-coroner, and must consequently be thoroughly conversant with the duties and routine of a

coroner's post. His election would be a suitable recognition of his public services in the time of the late Dr. Wybrants—a recognition which we sincerely hope will be accorded him.

PANIC.

IT is not much use asserting that assemblies of sane persons ought not to become victims of panic, but, in truth, unless the nervous system of man could be reconstructed on a principle which would necessarily deprive it of some of its most excellent qualities, it is impossible that there will not always be a tendency to impart and receive this impression, which so powerfully affects the mind and body that judgment is for the time suspended and the limbs either refuse to act or act impulsively or under the control of the emotional part of the being. Discipline is the only remedy for a tendency to panic. What is needed to cure the tendency to panics in assemblies is the discipline of crowds.

THE HOUNSLOW INQUEST.

THIS inquiry, the progress of which has been watched with a public interest remarkable even in these days of sensationalism, terminated on Thursday evening. The coroner having summed up, the jury, after an hour's consultation, returned a verdict that Dr. Edwardes died from the effects of prussic acid administered by his own hand during temporary insanity; adding thereto an opinion that he was driven to the act by the conduct of Dr. Whitmarsh. We reserve comment on the whole case till next week.

THE DUCHESS OF CONNAUGHT.

WE are glad to be able to state that the Duchess of Connaught is progressing in the most satisfactory manner. The selection of Windsor Castle for Her Royal Highness's accouchement was, we think, a judicious proceeding, although all necessary sanitary measures have been adopted at Bagshot Park.

THE PROSPECT OF MEDICAL LEGISLATION.

THERE is every reason to believe that a Bill for the amendment of the Medical Acts, on the lines of the recommendations of the Royal Commissioners, is being drafted, and will be brought into the House of Lords, probably by Lord Carlingford.

EXCISION OF THE KNEE IN ITALY.

ACCORDING to Ruggi the operation of excising the knee-joint has been performed in Italy forty-six times: thirty-nine for disease, five for angular anchylosis, and one for traumatic lesion. Thirty-two of the patients recovered, nine died. Secondary amputations were performed in the other five cases.

THE fate of the Alexandra Palace and its magnificent grounds is a matter which cannot be viewed with indifference by Londoners, especially by those resident in the northern suburbs. In the interests of the public health, so largely dependent as it is on the means available for out-door recreation and rational amusement, we could wish that the suggestion put forth by Mr. Oakley in a pamphlet, entitled "The Alexandra Palace, what to do with it," might meet with practical realisation. At the same time it is not easy to recognise the fact of the lawyers having their Inns of Court, and the doctors their Colleges of Physicians and Surgeons, as a reason why teetotalers should have their head-quarters on the commanding site on Muswell-hill.

PHILADELPHIA is about to follow the example of New York in establishing a school for post-graduates.

AT the annual meeting of the subscribers to the Bristol Dispensary, on the 10th inst., the chairman stated that, as the appointments of medical officers to the institution were never intended to be permanent ones, the committee had decided to strictly limit the tenure of office by their present medical staff to sixteen years, and in the case of future gentlemen who were elected to twelve years. The appointments were originally made for five years only, but this time could be and had been extended at the discretion of the committee.

THE Coroner's inquiry at Lambeth into the cause of death of Robert Sanson, a police constable, who died in St. Thomas's Hospital, terminated on Tuesday with a verdict that the deceased died from diabetes. The jury added their opinion that Dr. Blades, the divisional surgeon, had exhibited gross neglect in the case, and that there should be a sick room at the section-houses. Certain points brought out in the course of this investigation will be noticed by us next week.

AT a recent meeting of the sanitary authorities, Darlington, it was reported that a gentleman from London had entered a house in the town, in which two persons had lately died of small-pox, and sold the furniture, although he was cautioned not to do so until it had been disinfected. Thirty cases of small-pox had since broken out. The clerk was instructed to take legal proceedings against the person in question.

AT the meeting of the Royal Medical and Chirurgical Society, to be held on Tuesday next, Sir Henry Thompson will communicate two papers: 1. On Five Cases of Tumour of the Bladder removed during Life (the tumours will be exhibited). 2. On a New Mode of Exploring the Bladder with the Finger through a Perineal Section of the Urethra for diagnosing Obscure Disease, and removing it when it consists of Tumour, Impacted Calculus, &c.

SIR JOHN FORSYTH, C.B., K.C.S.I., late Principal-Inspector-General of Her Majesty's Indian Medical Department (Bengal), and Honorary Physician to the Queen, died on Sunday, at Brighton, in the 84th year of his age. The deceased was nominated a Companion of the Order of the Bath (civil division) in 1862, and a Knight Commander of the Star of India in 1881.

WE learn that Dr. Fincham, Senior Physician to the Westminster Hospital, and Joint Lecturer on Medicine at the Westminster Hospital Medical School, will retire from his active duties at the hospital at the end of the present medical term, in obedience to the "retirement" law of the hospital. This, in the natural order of events, will create a vacancy for an Assistant Physician.

A SPECIAL meeting of the St. Helens Town Council in committee was held on the 15th inst., to consider the report of Dr. Spear, Local Government Board inspector, who recently visited the borough to inquire into the "continued prevalence of fever." Since the visit of Dr. Spear, a new sewer has been made through the district of Thatto-heath.

THE Executive Committee of the Medical Council met on Friday, Jan. 12th. No matters of very great interest were discussed. The reports show that 1158 registrations, at £5 each, took place—viz., 604 in England, 330 in Scotland, and 224 in Ireland.

SMALL-POX is raging at Baltimore. Extra physicians, to the number of one hundred, have been appointed, and are making a house-to-house visitation to secure compliance with the compulsory vaccination law.

THE report of Messrs. Crookes, Odling, and Tidy on the London water-supply for December last gives a very satisfactory account of the samples examined by them during the month. In every instance the water was found to be bright, clear, and efficiently filtered.

DR. V. BOMPIANI, of Dicomano, Florence, who last year published an Italian translation of the work "On Regressive Paralysis," by Dr. W. H. Barlow, of Manchester, is at present engaged in translating the same author's monograph "On Pseudo-hypertrophic Paralysis."

MR. F. J. M. PAGE, B.Sc., F.C.S., Assistant to the Jodrell Professor of Physiology at University College, London, has been elected Lecturer on Physics at the London Hospital Medical School.

INTELLIGENCE received at Alexandria from Sumatra to the 5th inst. states that cholera has broken out there.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 6236 births and 3708 deaths were registered during the week ending the 13th inst. The annual death-rate in these towns, which had steadily declined in the four preceding weeks from 26·9 to 21·8 per 1000, was last week equal to 22·4. The lowest rates in these towns were 9·1 in Derby, 14·1 in Brighton, 14·7 in Portsmouth, and 15·4 in Bristol. The rates in the other towns ranged upwards to 28·0 in Sunderland, 28·9 in Manchester, 30·7 in Preston, and 33·7 in Liverpool. The deaths referred to the principal zymotic diseases in these twenty-eight towns were 363, and were considerably fewer than in any week during last year; 107 resulted from whooping-cough, 77 from scarlet fever, 68 from measles, 54 from "fever" (principally enteric), 32 from diarrhœa, 18 from diphtheria, and 7 from small-pox. No deaths from any of these zymotic diseases was returned either in Brighton, Norwich, Wolverhampton, Derby, or Blackburn; whereas they caused the highest death-rates in Cardiff and Preston. Whooping-cough caused the highest rates in Leeds, Cardiff, and Preston; scarlet fever in Leeds and Sunderland; measles in Cardiff; and "fever" in Newcastle-upon-Tyne and Liverpool. Fourteen of the 18 deaths from diphtheria in the twenty-eight towns occurred in London. Small-pox caused 8 deaths in London and its outer ring of suburban districts, but not one in any of the twenty-seven large provincial towns. The number of small-pox patients in the metropolitan asylum hospitals, which had been 82 and 80 on the two preceding Saturdays, had further risen to 99 at the end of last week; and 32 new cases of small-pox were admitted to these hospitals during the week, against but 12 and 17 in the two previous weeks. The Highgate Small-pox Hospital contained 10 patients on Saturday last, 5 new cases having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had steadily declined in the four preceding weeks from 637 to 384, further fell last week to 361, and were 129 fewer than the corrected weekly average. The causes of 101, or 2·7 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Portsmouth, Sunderland, and in three other smaller towns; the proportions of uncertified deaths were largest in Wolverhampton, Oldham, Bolton, and Preston.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined from 32·1 to 29·1 per 1000, in the four preceding weeks, further fell to 26·8 in the week ending the 13th inst.; this rate exceeded, however, by 4·4 the mean rate last week in the twenty-eight English towns. The deaths referred to the principal zymotic diseases in these Scotch towns, which had been 112 and 125 in the two preceding weeks, declined to 102 last week, which were equal to an annual rate of 4·3 per 1000; this zymotic rate was nearly double the mean rate from the same diseases in the large English towns. The highest zymotic rates in the Scotch towns last week were 6·7 in Dundee and 6·8 in Perth. The fatal cases of whooping-cough in the eight towns numbered 44. The 17 deaths referred to diphtheria showed a decline of 5 from the number in the previous week. The 13 deaths from measles, of which 11 were returned in Glasgow, exceeded those in the previous week by 3; whereas the 11 fatal cases of scarlet fever showed a further decline from recent weekly numbers. Only 7 deaths were referred to "fever," against 21 and 11 in the two previous weeks; 3 occured in Glasgow, and 2 in Aberdeen. The deaths referred to acute diseases of the lungs in the eight towns, which had been 228, 199, and 163 in the three preceding weeks, rose again to 188 last week, and exceeded by 48 the number from these diseases in the corresponding week of last year. The causes of 106, or nearly 17 per cent., of the deaths registered in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 38·1, 32·1, and 31·9 per 1000 in the three preceding weeks, further declined to 29·4 in the week ending the 14th inst. During the thirteen weeks of last quarter, the death-rate in the city, however, averaged 26·7, against but 21·8 in London and 20·5 in Edinburgh. The 197 deaths in Dublin last week showed a further decline of 17 from recent weekly numbers; they included 12 which were referred to whooping-cough, 5 to "fever," one to scarlet fever, one to diarrhœa, and not one either to small-pox, measles, or diphtheria. Thus 19 deaths resulted from these principal zymotic diseases, against 22 and 17 in the two preceding weeks; they were equal to an annual rate of 2·8 per 1000, while the rate from the same diseases did not exceed 2·0 in London and 1·5 in Edinburgh. The fatal cases of whooping-cough, which had been 6, 7, and 9 in the three previous weeks, further rose to 12 last week. The 5 deaths referred to "fever" showed an increase of one upon the number in the previous week, but were fewer than the average number in recent weeks. The deaths both of infants and of elderly persons were fewer than those returned in the previous week. The causes of 39, or nearly 20 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

THE *London Gazette* of Jan. 16th announces that Her Majesty has been pleased to grant permission to the undermentioned naval medical officers to accept and wear the insignia of the several classes of the orders of the Osmanieh and the Medjidie, attached to their respective names, which His Highness the Khedive of Egypt, authorised by his Imperial Majesty the Sultan, has been pleased to confer upon them in recognition of their distinguished services before the enemy during the late campaign in Egypt:—3rd Class Medjidie: Fleet Surgeon Daniel O'Connor, M.D.; Fleet Surgeon Henry N. M. Sedgwick. 4th Class Osmanieh: Staff Surgeon John Lambert, Staff Surgeon Edward E. Mahon. 4th Class Medjidie: Staff Surgeon Charles C. Godding, Surgeon Charles A. Macaulay, M.D.

ADMIRALTY.—Fleet Surgeon George Frederick Augustus Drew, who was placed on the Retired List from the 22nd ultimo, has been allowed to assume the rank and title of Deputy Inspector-General of Hospitals and Fleets on the Retired List, from the same date. Surgeon Alfred H. Miller, has been appointed to the *Philomel*. Staff Surgeon John Richard Burke, M.D., has been promoted to be Fleet Surgeon in Her Majesty's Fleet, with seniority of 31st December, 1882.

AN inquiry has been held by Mr. Ferns, deputy coroner, at the Stockport Infirmary, into the death of Mr. Pearson, surgeon, of that town, whose death we reported in a recent number, through being knocked down by a brewer's dray. It having been proved that the driver of the dray was driving very quickly on the wrong side of the road, the jury, after a prolonged investigation, returned a verdict of manslaughter against the driver.

COLLECTIVE INVESTIGATION OF DISEASE.

THE Metropolitan Counties Branch of the British Medical Association may be congratulated upon the very successful and influential gathering that assembled at the Royal School of Mines, in Jermyn-street, on Wednesday evening, to hear Sir William Gull and Sir James Paget advocate the adoption by the Branch of the work of collective investigation that is being inaugurated within the Association, and which, if steadfastly pursued, may prove of much importance not only to the Association but to medicine generally. The assembly was a thoroughly representative one, and the manner in which the addresses were received augurs favourably for the movement. Dr. Bridgwater, the President of the Branch, occupied the chair, and, after clearly and forcibly stating the object of the meeting, called upon Sir William Gull, who expressed his pleasure at being asked to fulfil the duty of forwarding a movement of such great value to the public and the profession. What the Collective Investigation Committee were undertaking was, he said, a scientific inquiry into those matters which come daily under notice, and, although the work was only just commencing, it promised much, for its sphere was not that of morbid anatomy, but more particularly the tracing out the beginnings of morbid processes, their modifications under varying circumstances, and their evolution. In general practice alone did the opportunity offer itself for noting the beginnings of disease, whereas hospital practice only dealt with declared disease where morbid changes were manifest. Diseases having a different origin and cause may merge finally into one type of change. What was wanted was the clinical analysis of the early states; he instanced "Bright's disease" as an example. He warned his hearers against being over-sanguine of the early fruits of such inquiry, which demanded the exercise of the intellect and the overcoming of prejudices. Much would depend upon the questions that were formulated; they should be simple and their purport easily explained. It was a duty they owed to the profession to collate their observations for this purpose. It was not necessary to wait until there were physiological explanations given for every condition. Clinical facts well observed were of great value by themselves. Such a movement, too, had an educational value, maintaining, in those who followed it up, that docility of mind which was the antithesis of prejudice, or so-called "experience," that was the chief obstruction to truth. Certain dangers beset such inquiries—e.g., that which dealt with the communicability of phthisis without reference to the form of the disease; and partial truth endorsed by a large body of inquirers was a far more serious thing than individual error. In that particular question there was great risk of confounding causes with effects. Sir William then dwelt at length upon the great value of family life histories, and alluded to the difficulty in obtaining them from the unwillingness of individuals to admit their ailments. But such histories were known to family practitioners all over the country, and it was impossible to estimate the gain to knowledge upon inherited disease, tendencies to disease, and transmutations of disease that would accrue from the in-gathering of all this experience. He had always fancied there was a certain parallelism between the diseases of age and childhood, and such an inquiry might show in what this consisted. It would also show how in some families there was a greater susceptibility to certain infectious diseases than in others, and the reasons for this; whilst the large class of cases that have no pathology, those in which there is life-long suffering, people with sensitive nervous systems and feeble digestions, might be elucidated by this means. New questions would constantly arise out of the old that had received answer. Sir James Paget, after remarking that Sir W. Gull had anticipated all he had to say, observed that the list of questions already issued showed that in medicine, unlike other departments, men were not afraid to express doubts upon even the most minor points, a frame of mind which he contrasted with that of the politician, who never has any doubts on any subject upon which he speaks. A chief design of the inquiry was to bring the general practitioner to add his knowledge for the advance of science. There was absolutely no other way of obtaining family histories than through him, and the importance of such histories was very great pathologically. But to render the work useful they must labour in the spirit of Darwin—collating the commonest facts, embracing every opportunity for investigation, and, like Darwin, they might be enabled to draw the grandest conclusions from the facts of ordinary daily life. Some were not qualified to make use of their powers of observation; but it would be impossible to estimate the large amount of knowledge that is lost to science for want of record. The unveiling of mysteries was one of the most universal pleasures of mankind, and the whole object of scientific inquiry and observation was to this end. Prof. Humphry, in proposing a vote of thanks to Sir W. Gull and Sir J. Paget, declared his belief that the Association had undertaken no work so important or of such good influence as that now being done in the collective investigation of disease; and if the Association had grown numerically powerful, this power brought with it responsibility, and should be utilised to the good of medicine. One difficulty in the successful prosecution of the work was the inertia of those who should be concerned in it; not really because they were too "busy," for the busy men were those who were the most energetic and able, and the most anxious for the advancement of their art, and such men were the best supporters of such an investigation as this. He concluded by paying a warm tribute to the earnestness and incessant labour in this cause shown by Dr. Mahomed, the secretary to the committee. Dr. Quain seconded the resolution in order, as he said, to protest against the lines of inquiry already laid down, particularly that upon the contagion of phthisis. Dr. Strange, the President of the Association, supported the resolution, which was cordially carried. Dr. Hare then proposed that a committee of the branch should be nominated to supervise the whole; and, in the course of his remarks, eulogised the memoranda upon the subjects of inquiry already issued. Mr. Hutchinson seconded the motion; and the names of the proposed committee were read. Dr. Wade moved, and Dr. Acland seconded, a vote of thanks to the chairman, with which the proceedings closed.

Correspondence.

"Audi alteram partem."

SIR HENRY THOMPSON ON PROF. BIGELOW'S EVACUATOR.

To the Editor of THE LANCET.

SIR,—I should not trouble your readers with any remarks on Professor Bigelow's article on a "Simplified Evacuator' had he not made, relative to my instrument, statements which are extremely inaccurate. On this account alone it is that I am compelled, with more reluctance than I can describe, to contest any question with my respected friend, the Professor of Harvard.

First, he describes and draws an aspirator of mine, which he says I have "lately abandoned"! So far from having done so, I rarely operate without it, and use it nearly as often as the more recent model.

Next, the drawing of this aspirator is intended to prove that its action is so defective as to return into the bladder a large portion of the débris already removed. I have, moreover, long known that Professor Bigelow has been in the habit of exhibiting one of my aspirators for the purpose of publicly illustrating its alleged defects (with bits of coal and water). I do not make any great complaint of this, although it is a mode of controversy to which just exception might be taken.

All I have to say is this, that nothing is easier than to use another man's instrument, in that man's absence, so as to make the instrument appear inefficient. *But it is not so in my hands.* Had Professor Bigelow ever seen me use it—as scores of his compatriots have—he would know that, if properly used, there is no reflux of débris into the bladder. The best instrument in the surgical armamentarium may be misused, and grossly too, and such is the fate of mine in the professor's hands if he meets with the result which he is at such pains to publish to the world.

I have performed the operation of lithotrity at one sitting more frequently, probably, than any living operator; and

I am delighted with it. Will anyone say—and there are abundant witnesses—that it is not a rapid and complete proceeding in my hands? How could that be possible if my aspirator is so defective?

And now I have only to congratulate Professor Bigelow on his present search for "simplicity." He well knows that I regard his suggestion to remove the stone at one sitting as a great advance. But his first instruments were a return to the time of Heurteloup! After years of patient experience, the mechanism of both lithotrite and evacuator had become marvellously simple and efficient. This simplicity he disturbed, disastrously, for a time; exhibiting elaborate and costly apparatus at the Congress here in 1881, wholly useless to the practical lithotritist. He could not see that not one new instrument was required to carry out his excellent idea. As we were to attack larger stones, we wanted larger and stronger instruments—that was all. Clover's bottle, a little modified perhaps (as I suggested last January in THE LANCET) is as good as, if not better than, any, and I still often use it.[1] Only make it larger than before, and attach a larger evacuating catheter, *when you want a larger*, not otherwise. All the perforated tubes and strainers get so blocked with débris (as I found long since) in the human bladder—not with coal in water—as to be practically useless there.

I am heartily sorry to have been compelled to reply in a spirit of criticism, but the statements and the mode of proceeding referred to above rendered it impossible for me longer to remain silent. I am, Sir, yours obediently,

Wimpole-street, W., Jan. 1883. HENRY THOMPSON.

"CASE OF FEIGNED SKIN DISEASE."

To the Editor of THE LANCET.

SIR,—The case of factitious skin disease, put on record by Dr. Colcott Fox, reminds me of one that came under my observation some years ago when I had charge of the dermatological clinique at St. Thomas's. A girl of seventeen, a maid of all work, came before me one winter—that is to say, at a time when hands and arms which are exposed to air and wet are apt to get chapped—with considerable chapping and soreness of all these parts. She professed not to consult me about this however, but about a considerable number of holes in the skin of her forearms, which she said were produced by carrying pails of water and other heavy things up and down stairs. She stated that when thus engaged she would frequently feel something give way in her arm, and that, on looking, she always discovered a newly formed hole. At the moment I was inclined to think that the wounds might really be due to the sudden extension in depth and length of some of the pre-existing chaps, determined by the stretching to which the skin had been subjected. A little examination, however, satisfied me that the holes were of artificial production. They were all of exactly the same character; their direction was horizontal or nearly so; they were oval, or rather egg-shaped, with the pointed end always in the same direction; they were between ¼ and ½ inch in length; their edges were smooth and vertical, and they looked as though they had been made with a punch; there was no surrounding thickening or inflammation, and their floor was formed of the healthy subcutaneous connective tissue. I concluded she had snipped out pieces of the skin with scissors. I explained my views to my class, out of the girl's hearing; and one of them left the room and presently returned with two or three wounds in his arm, which were the exact counterparts of the girl's. He had made them with scissors; and added that no pain attended their production. I said nothing to the girl on her first visit; but on the second, charged her with deceit, and threatened to inform her mistress. I need scarcely say I did not see her again.

I remain, Sir, yours truly,

Old Burlington-street, Jan. 5th, 1883. J. S. BRISTOWE.

[1] Professor Bigelow persists in repeating that the size of the evacuating sound in Clover's instrument is No. 21. I do not doubt that he has seen one of that size, but there was no limit in that matter formerly, as there is none now; the operator used any size he thought proper. One now at my side, which I have had upwards of fifteen years, is No. 23. With Clover's apparatus I removed scores of stones before the one sitting system was proposed. I am glad to see that Mr. Berkeley Hill employed Clover's bottle recently (*vide* THE LANCET, Jan. 13th); I really do not think he will find one much better.

"PICRIC ACID AND SUGAR TESTING."

To the Editor of THE LANCET.

SIR,—Strange, almost incomprehensible, as it may seem, I need not go farther than Dr. Johnson and his son's admissions to substantiate my position in this controversy, which has now resolved itself into the simple question of whether or not a sulphide is produced on boiling albumen with a solution of potash.

To be quite sure that there is no misunderstanding about what has been stated, let us start with the following quotations. Dr. Johnson says that his son "demonstrates and explains the fact that while a lead sulphide is formed by boiling albuminous urine with liquor potassæ *mixed with lead*, no alkaline sulphide is formed when the same urine is boiled with *pure liquor potassæ*." The son, after mentioning that it is stated and accepted as a fact in chemical text-books and to be found in so many words in Watts' Dictionary that albumen gives rise to an alkaline sulphide when boiled with a solution of a caustic alkali, says that he was surprised to find that it "produced no trace of sulphide, even after boiling for half an hour with a strong solution of potash; the solution thus obtained gave no dark colour or precipitate with a solution of acetate of lead." Further on he states that "if the lead solution was added to the albumen and potash *before boiling*, and heat afterwards applied, an abundance of lead sulphide was produced. "The fact is," he continues, "that a sulphide can be produced only by boiling an alkaline solution of albumen (made in the cold) with a metallic solution, such as one of lead or copper."

Here we have it stated in unequivocal language that a sulphide is not formed on boiling albumen with potash. This is the stand-point of Dr. Johnson and his son. Now, what does the son say in his communication contained in your last week's issue? "With the object of allowing every possible chance for the production of an alkaline sulphide by the action of caustic potash upon solution of albumen at the boiling temperature, I boiled the alkaline mixture for 'half an hour,' as Dr. Pavy has correctly quoted me. The result was that *no trace of sulphide was produced*, as I have already (equally correctly) stated. Dr. Pavy, on the other hand, speaks triumphantly of an abundant production of sulphide observed on adding a solution of lead to one of albumen and potash which had previously been boiled for 'fully five minutes.' I have repeated this experiment of Dr. Pavy's, and can corroborate his statement, that 'it does not signify whether the lead solution be added before or after the boiling,' when the ebullition has been continued for so short a time, and when the quantity of albumen present is so large as it was in Dr. Pavy's experiment."

The question, then, resolves itself into the issue being dependent upon the length of time the boiling with potash is carried on. It is admitted by Mr. Stillingfleet Johnson that after boiling for five minutes the evidence of the formation of sulphide is obtainable, and stated that after boiling for half an hour no sulphide may be discoverable. To this latter statement I assent, and we are thus brought to an agreement upon facts.

Agreeing then upon the facts, what inference is to be drawn from sulphide being discoverable at the end of five minutes, and not at the end of half an hour? Obviously that during the process of boiling it undergoes destruction. If it is admitted to be there at the end of five minutes, how is it conceivable that anyone should argue that it is not formed because it is not found at the end of half an hour? It is useless to waste time and words with those who argue upon such grounds.

I have said that I assented to the statement that no sulphide may be discoverable at the end of half an hour, and I have to say further that the gradual loss of sulphide may be watched. For about ten minutes or a quarter of an hour the quantity of sulphide present goes on increasing, as shown by testing the product with lead solution from time to time, but after this it declines, and sometimes when the boiling has been continued for half an hour the sulphide is found to have disappeared, but more often a longer period of boiling than this is required. No wonder that the careful and elaborate experiments of the son, which have been so repeatedly expatiated upon by the father in your columns, failed to reveal the presence of a sulphide. The observer was searching for that which he had previously destroyed.

Mr. Stillingfleet Johnson may learn, if he will consult his

chemical works, that looking at the properties of alkaline sulphides there is nothing inconsistent in what I have stated about a destruction occurring. The alkaline sulphides, we are directly told, have a tendency under the influence of air and moisture to become oxidised and converted, first, into a hyposulphite, then a sulphite, and ultimately a sulphate.

I cannot allow the last few words of the quotation given above from Mr. Stillingfleet Johnson's communication to pass without something being said upon them. He can corroborate my statement, the text runs, about the formation of a sulphide, "when the ebullition has been continued for so short a time, and when the quantity of albumen present is so large as it was in Dr. Pavy's experiment." *When the quantity of albumen present is so large!* What influence can quantity of albumen have if no sulphide is producible from it? Such an expression, constituting as it does so glaring an offence against the first principles of reasoning, would not be looked for from a first year's medical student, or even, I will say, an advanced school-boy; but it comes from Dr. Johnson's son, who, Dr. Johnson has taken care in the course of this controversy your readers should be informed, is the Junior Demonstrator of Chemistry at King's College.

Having brought the discussion to this point I will now quote, and leave to the consideration of your readers, the opening paragraph of Dr. Johnson's letter of last week. "Your correspondent, Dr. Pavy, in this matter of sugar testing has evidently resolved to place himself hopelessly in the wrong. He ignores the elementary principle in practical chemistry that even a slight modification of an experiment may lead to results entirely different, and apparently contradictory, and with a light heart he endeavours to refute the conclusions derived from carefully conducted and accurately recorded experiments by a hasty proceeding, undeserving the name of an experiment [this experiment, which Dr. Johnson speaks so disparagingly of, happens to constitute the rock upon which he and his son have struck and foundered], unless, indeed, it be an experiment upon the patience and credulity of your readers. The proof of this serious charge against Dr. Pavy as a scientific observer and a controversialist will be mainly found in my son's letter, which you will doubtless publish with this."

These are, indeed, strong words, but I fully admit that I merit their application to me if I have erred as Dr. Johnson states, and, on the other hand, if I do not misjudge the profession, I think I may conclude that they will recoil with greatly increased force upon the one who has used them if his conclusions, instead of mine, are proved to be fallacious.

There is an imputation conveyed in the following assertion of Dr. Johnson which I cannot allow to pass unnoticed. "From the fifth paragraph of Dr. Pavy's letter it is evident that he has repeated the experiment of prolonged boiling normal urine with potash, described by my son in your impression of December 16th. He has not found that an alkaline sulphide resulted from this experiment, as he anticipated would be the case, though he has not the candour to acknowledge the fact. He says, whatever might have been the issue of this discussion about the formation of a sulphide, the fact stands that healthy urine gives a certain degree of reaction with the picric acid and potash test, and this, independently of the trace of sugar which healthy urine contains, for it is obtainable after boiling the urine with caustic potash, a treatment which leads to the destruction of the sugar. This statement contains that mixture of truth and error which appears to characterise all Dr. Pavy's communications on this subject."

I utterly repudiate the suggestion that is here made, and emphatically state that up to the present moment I have not performed the experiment referred to. Indeed, notwithstanding the kind advice given me by Mr. Stillingfleet Johnson in the first paragraph of his last communication about the mode of experimenting to adopt, I have not been tempted to follow his course of procedure. I prefer simplicity and accuracy to complexity and fallacy.

There is so much confusion in Mr. Stillingfleet Johnson's writing, that he contradicts in the latter part of his communication (in your last issue) what he has stated at the beginning; but what he says about pure albumen behaving differently from white of egg is absolutely contrary to fact, and I demur to the validity of his statement that, "the idea that an alkaline sulphide may be at first formed and afterwards decomposed by prolonged ebullition, is negatived by the fact that if the boiling of albumen and potash be arrested *before* the alkali has had time to react completely upon all the albumen in solution, and the liquid *be then cooled*, no sulphide is precipitated by the addition of lead solution to the cold liquid, but on boiling again in presence of lead blackening is at once observed." I do not admit, and this is the point which throughout this controversy I have maintained, that under the first-named circumstances no evidence of sulphide is obtainable.

I am, Sir, your obedient servant,

Grosvenor-street, Jan. 16th, 1883. F. W. PAVY.

To the Editor of THE LANCET.

SIR,—I find by direct experiment that when potash acts upon egg albumen there is a continuous slow evolution of ammonium sulphide, until all the sulphur is expelled in the volatile form. This explains fully the behaviour of albumen both in Dr. Pavy's and Mr. S. Johnson's experiments. If either of the gentlemen named had taken the precaution to boil the albumen in a flask connected with a suitable condensing arrangement, so as to pass the distillate into lead solution, they would have discovered this reaction. The text-books are not wholly incorrect; an alkaline sulphide is formed, but volatile, not fixed.

I am, Sir, yours truly,

St, Marylebone, Jan. 15th, 1883. A. WYNTER BLYTH.

*** We think this matter has now been sufficiently discussed.—ED. L.

"PAUSES IN RESPIRATION."

To the Editor of THE LANCET.

SIR,—These "pauses" occurring in a recent case of mine and recollecting that I had read something of them in your journal a year or two ago, I referred to my assortment of old numbers, one of which (THE LANCET of October 30th, 1880), contained Dr. O'Neill's striking article, headed as above. I wish to publish in your columns if you will kindly permit me, as a corollary of Dr. O'Neill's article, a case in which the pauses were no less marked than they were in those coming under his observation.

The patient, a middle-aged gentleman of bronzed complexion presented the appearance of one who had passed most of his life in India. He had suffered from Bright's disease for some years, and when he came under my care symptoms of such gravity had manifested themselves as to indicate that the end was not far off. Abundant general dropsy and albuminuria, flatulence, vomiting, pulmonary œdema, amaurosis, hypertrophy of the heart, &c., were the distressing symptoms. To these was added what has been called Cheyne-Stokes respiration. In this, the third and most remarkable instance of its occurrence in my experience, the "series of ascending and descending respiratory acts" (to quote Dr. O'Neill's phraseology) was so marked, and the pause so prolonged, as often to excite a suspicion, until an examination of the pulse forbade it, that death had taken place. The respiratory acts increasing in force and frequency culminated in a climax, then died away in a corresponding ratio until they were lost in a pause, lasting fully a minute, profound as death. During the pause, as in Dr. O'Neill's cases, the pulse was quite strong and regular, and did not appear to me, as it did to him, to lose anything in strength towards the end of the interval. On applying the ear to the præcordial region the heart sounds alone were heard "strangely reverberating" through the motionless walls of the chest. The eyes were shut and the mouth open, but not a twitch or wrinkle disturbed the perfect calm of the countenance. By-and-by the breathing would recommence, the eyes open, and the apparently dead man, so to speak, would again come to life. My other patients in which the pauses occurred were cases of apoplexy, which I believed had affected the medulla oblongata, and in this way I accounted for the interrupted breathing. But in this case there was, so far at least as I could discern, no brain lesion to account for it, and unless the hypertrophy of the heart and pulmonary œdema, by acting injuriously on the medulla oblongata, had produced it, I can assign no other cause. Yet, if those pauses are to be explained by functional derangement of the medulla oblongata, how is it that Cheyne-Stokes respiration is so rarely met with when cardiac disease is so common?

The Pathological Society of London, by directing its

attention to the subject, might be able to establish satisfactorily the true cause or causes of a symptom which is so remarkable that I am sure anyone who has met with it in his practice will agree with Dr. O'Neill in saying "it has only once to be seen to be for ever remembered." Those to whom I have spoken concerning it appear not to know anything about it, and the only thing left for me is to bring the matter under your notice.

I am, Sir, your obedient servant,

A. ROSS PATERSON, M.D., M.R.C.P. Edin.

Mareham-le-Fen, Dec. 30th, 1882.

"LARGE ASYLUMS FOR THE INSANE."

To the Editor of THE LANCET.

SIR,—I am greatly gratified by the support given by Dr. S. W. D. Williams to the views I have expressed on the above subject. Dr. Williams's large experience and earnest efforts in improving the condition of lunacy accommodation make his opinion on this point most valuable. Dr. Williams has, however, misapprehended me in thinking I would wish to have 600 acute cases in one asylum; 600 beds should be the limit for asylums receiving all classes of cases, and this should be the type of most county asylums. Where, however, there are several asylums in a county with a large urban population, as, for example, Middlesex, I should advise a lunatic hospital of not more than 300 beds; 250 would probably suffice even for Middlesex. In such a hospital only a small portion of the acute forms of insanity should be treated to cure, the remainder should only be retained for a few days to determine their fitness for asylum treatment, and the special asylum to which they should be sent. The construction of such a hospital need not be so costly as might be anticipated; the economy would, I believe, be great by increasing the number of cures, by diminishing the duration of treatment, by preventing unfit cases being sent to asylums, by diminishing the number of transfers from one institution to another, and by diminishing the average cost of removals to and from the asylums. Such an institution would also afford an opportunity for the scientific investigation of mental diseases, and their study by intending medical practitioners.

It is a national disgrace that, while the expenditure for the cure of the insane has been so great, so little has been spent in the scientific investigation of their diseases, by which means alone can be ensured the most advantageous application of this expenditure. This function might wisely be added to the services rendered by such a hospital.

I am, Sir, your obedient servant,

January, 1883. H. RAYNER.

To the Editor of THE LANCET.

SIR,—An experience of twenty-nine years in two county asylums has convinced me that Drs. Rayner and Williams are right in their condemnation of gigantic asylums for the insane, on the grounds stated by them. In such enormous and unwieldy establishments it is quite impossible for the superintendent to be conversant with details, and, in my opinion, no asylum should contain more than 600 beds. If this number is exceeded no superintendent can be thoroughly acquainted with every individual case. He is, then, in the position of a priest with the care of two or three thousand souls, or a shepherd over a flock of several thousand sheep. He is compelled to deal with them *en masse*. When we bear in mind that the Commissioners in Lunacy, with their long and vast experience, have arrived at the same conclusions as ourselves, and have recommended changes in accordance with them, it is certainly much to be regretted that they have not the power to enforce them. Taking 600 as the maximum number of inmates, I quite agree with Dr. Williams that these should not all be acute and recent cases. Such an arrangement would necessitate an increased staff, many medical extras, and a vast additional expenditure. Moreover, the concentration and association of so many noisy, excited patients would make their proper treatment insuperably difficult, and tend to convert an asylum into a pandemonium. At Thorpe we have, in connexion with the parent asylum, and on the same estate, an auxiliary asylum, which relieves us of some of our confirmed chronic cases; and this arrangement we find both useful and economical.

If the capitation grant were extended to harmless lunatics in workhouses, and if proper arrangements were made (e.g., better dietary and a proper staff) there is no doubt that many patients who are now sent to lunatic asylums might, and would, be equally well treated in the workhouse. They would then be nearer to their homes and to their relations and friends, who could visit them without inconvenience and expense, and the county be spared the costly sums expended from time to time in enlarging asylums. It is also absurd that many patients (paralytics, dementia, &c.) are sent to an asylum as insane who simply require the nursing and attention which the infirmary of a workhouse ought to be able to give.

I am, Sir, yours faithfully,

WILLIAM C. HILLS, M.D.,

Medical Superintendent, Norfolk County Asylum.

Norwich, Jan. 6th, 1883.

OVARIOTOMY STATISTICS.

To the Editor of THE LANCET.

SIR,—I entirely agree with your opinion that the figures are as yet too small to enable us to form an absolute comparison on any one point. But there is a still greater element of difficulty which is strikingly revealed to me by an investigation of the discrepancies between Mr. Thornton's rendering of Dr. Keith's figures and my own.

Apparently, Mr. Thornton and I have no kind of agreement as to what is an "oöphorectomy" and what is an "ovariotomy." Our methods of tabulation are wholly different. I publish all the cases of abdominal section which I perform, in order of date, leaving my critics to arrange them as they see fit, reserving the same right to myself. Mr. Thornton seems to include in his lists of "ovariotomies" cases of parovarian cysts, and seems to have had no tubal cysts at all. These latter are far more akin to "ovariotomies" in their difficulties and dangers than are parovarian cysts. When discussing the treatment of the pedicle, which seems to me by far the most important point in dealing with pelvic tumours, I class together naturally all the cystic growths to which I have applied the ligature or the clamp, including some which it would be wholly impossible to classify, as I do not know to this day whence the tumours arose, the patients having been fortunately spared the necessity of a post-mortem examination. The resurrection case seems, so far as I can make out, to arise from Mr. Thornton having included, in the list he has made for me, two fatal cases of incomplete or extra-peritoneal operation, for which I substitute one death of a doubtful nature in which the cautery was used. Until we have a perfect understanding as to our methods of tabulation, it is clearly impossible to derive any satisfactory conclusions from the contrast of the statistics of one surgeon with those of another. Each must form his opinions on any point by contrasts derived from his own experience, and the profession must, as usual, be governed by the weight of authority. In which direction authority will go concerning Listerism, time will tell.

I am, Sir, yours truly,

Birmingham, Jan. 13th, 1883. LAWSON TAIT.

*** With this letter the controversy must terminate.—ED. L.

BRITISH MEDICAL BENEVOLENT FUND.

To the Editor of THE LANCET.

SIR,—In connexion with the annual general meeting of the above fund will you permit me through your columns to appeal, first, to the honorary local secretaries, through whose exertions so large a proportion of the contributions to the fund is collected, to send in their lists to the hon. financial secretary, Mr. G. Field, 31, Lower Seymour-street, as soon as possible; secondly, to the subscribers generally, that they will transmit, with as little delay as need be, their subscriptions, and especially subscriptions in arrear, to the hon. financial secretary or myself, or to the local representative of the fund. More than one-fourth of the subscriptions for the last year and for many preceding years remain unpaid, and we are in this predicament, either we must drop the names out of the published list, and so displease many who have no intention of deserting the charity, or we must retain all names in the absence of an intimation that a subscription

is withdrawn, and thus issue a list to some extent fictitious. If our receipts corresponded with our subscription list our expenditure would not have outrun our income by £300 in the past year as has been the case. Finally, let me appeal to the profession for increased support. It is a great thing that the committee of this fund are enabled by the generosity of their brethren to distribute more than £3000 to distressed members of the profession in the course of a single year, but more is needed. To many the aid given by weekly or monthly instalments, supplementing feeble efforts to earn a living, is the only barrier against real want; in other cases it enables a struggling medical man or widow to tide over a crisis and prevent ruin; many instances again are known in which it has helped to support orphans, who now, mainly through its instrumentality, are doing well for themselves. It is in the cases in which permanent good may be done that most money is required.

I am, Sir, yours obediently,
W. H. BROADBENT, Treasurer.

Seymour-street, W., January 15th, 1883.

THE DETECTION OF BACILLI OF TUBERCLE IN THE BREATH OF CONSUMPTIVE PATIENTS.

To the Editor of THE LANCET.

SIR,—By the following simple method I have succeeded in demonstrating with facility the presence of the bacilli of tubercle in the breath of patients suffering from true tubercular phthisis. For which purpose I allow the patient to breathe, at frequent intervals during the day, through two thin sheets of pyroxyline or gun-cotton, one layer in front of the other, and both of which are placed in the outer compartment of an ordinary "pepper duster" respirator. The cotton when so arranged will act as a double filter—the external layer removing from the in-going air all the suspended particles, such as dust, micro-fungi, starch, &c., which are always more or less present in it, and which it is desirable to exclude; the internal layer retaining only those particles which come from the lungs—viz., micrococci, bacilli, and some epithelial scales. It is, therefore, in the layer which has been next to the mouth of the patient that I seek for the bacilli peculiar to this disease. This I do by converting the pyroxyline into collodion by dissolving the former in a mixture of rectified spirit and ether. By this means the whole of the cotton fibre dissolves, but the organisms which have been emitted from the lungs are unacted on by this menstruum, and remain suspended in it, but not visible to the naked eye.

To render the bacilli manifest, my plan is to pour the thin collodion thus formed on a microscope slide and allow the fluid to run uniformly over the surface of the glass, then immediately to turn the glass on one of its edges, that only the merest film of collodion may remain on the glass. The thinner the film produced the more successful will the experiment be. The film is then to be stained. This may be done by one of the methods now well known to the profession, such as that of Ehrlich or of Heneage Gibbes. I have had excellent results from the former.

I am, Sir, yours faithfully,
Ardwick, Jan. 1883. R. CHARNLEY SMITH, M.D., D.Sc.

"ON THE SAFE ADMINISTRATION OF CHLOROFORM."

To the Editor of THE LANCET.

SIR,—In the number of THE LANCET dated 23rd ult., a very able and interesting article from the pen of my friend Mr. Martin Coates of Salisbury, on an apparently new and safe method of administering chloroform as an anæsthetic, appeared. Having occasion during the past week to be associated with that gentleman in a painful surgical case, I had an opportunity afforded me of witnessing his *modus operandi* in its administration. He commenced (owing to the patient's nervousness of the mouthpiece of the inhaler) by first using a handkerchief sprinkled with ten minims of chloroform. The patient gradually becoming used to its influence, Mr. Coates applied the inhaler (such as described by him) over the nose and mouth, commencing with ten minims, which was then followed at the end of forty seconds by fifteen minims, and at the expiration of another sixty seconds by fifteen minims more; this was succeeded by thirty minims of ether. The patient was now fully under the anæsthetic, which anæsthesia was kept up by another fifteen minims to the end of the operation, the quantity of chloroform used amounting to forty-five minims, and of ether to thirty minims, given to check convulsive movements, which it did. The patient returned to consciousness without any of those distressing complications, such as sickness and prostration, so often seen after larger quantities of the drug have been used. I may also add my patient was a married lady, aged thirty-five, whose health had been enfeebled with frequent attacks of spasmodic asthma, together with a weak heart.—I am, Sir, yours faithfully,

S. B. FARR, M.R.C.S. & L.R.C.P., &c.

Andover, Jan. 2nd, 1883.

NEWCASTLE-ON-TYNE.

(From our own Correspondent.)

THE sanitary condition of Boldon, in the county of Durham, particularly the colliery village of Boldon, is attracting considerable public attention, but it would be well for the district if those who are responsible for its condition would attend to its needs before it becomes "a crying evil." It is said to be in a deplorable condition, and about the worst in the county of Durham. The percentage of general diseases is very high, and the worst of it is this has continued so for the last four years. Enteric fever, diarrhœa, scarlet fever, &c., are never absent from the place. The death-rate, which is so often quoted to "bolster up" or defend insanitary surroundings, may not be so exceptionally high, but who can estimate the amount of poverty, distress, and continued ill-health fostered by the long-standing evils visible at a glance at this place?

The local papers in drawing attention to the fact that the Tyne Port Sanitary Authority has become a permanent institution established by law, while allowing that it hitherto has effected much good, hope that it has a still more useful career before it, and acknowledge that there is a creditable activity among the members to see that the work it takes in hand is efficiently done. The papers point out that there are hitches occasionally occurring in the management which ought to be avoided. For the most part these are due to the floating hospital belonging to the authority, where the accommodation is so scant that cases are occasionally mixed somewhat to the danger of patients. A man was, according to last reports, admitted to the hospital suffering from bronchitis, and on his arrival so scarce was the accommodation that it was found necessary to place him in a bed but a short distance from a person affected with small-pox. The medical officer fearing that the man might be attacked with the prevailing epidemic vaccinated him, and he fortunately left the hospital without being attacked with the second disease; he pointed out, however, that the system is a dangerous one, nothing but "a substantial stone wall," he mentioned, was likely to prove an effectual barrier to a disease like small-pox; indeed, a floating hospital for such a malady must be open to some objections, but if that method be adopted, the craft should be large enough to allow of proper isolation of cases, and of effectual disinfection afterwards.

The warming and ventilation of our city council chamber and committee room have been for some years unsatisfactory, and a special committee, over which Dr. Newton presides, has taken the matter up, and a scheme has been devised under our city engineer, which is said to mitigate, if it does not altogether remove, the evils complained of. It is based on the introduction of warm fresh currents and extraction at the ceiling of vitiated air. Steam has been shown to possess advantages for warming purposes, and is to be used here in radiators or batteries placed in the window recesses and near the doorways; fresh air from the outside is introduced and caused to pass over the heated surfaces, and is delivered into the chambers, agreeably warmed, in such quantities as to meet the requirements for ventilation; the general temperature is maintained by the radiators being placed within the council chamber. With regard to ventilation, the extraction is from the ceiling, which is perforated for the purpose, and from this point a tube is taken direct to the roof, terminating in a ventilator. In the course of a tube or pipe a steam coil is fixed to assist in maintaining an up-draught.

The system upon which steam is to be used is said to be a marked advance upon ordinary methods, especially the manner in which the water of condensation is used. I shall, if possible, see this system in operation, and duly report to you its effects, but without this test your correspondent must remain neutral as to its merits, candidly confessing that as to ventilation schemes in general, particularly as to plausible ones, he remains "an old bird."

Newcastle-on-Tyne.

SCOTTISH NOTES.

(From our own Correspondent.)

A CASE which occurred some days ago at Aberdeen is worthy of mention, as illustrating the danger frequently arising from the well-meant efforts of friends to give medical advice, and because of a fatality which is attributed to an extra dose of salicylate of soda. It appears that the man, being attacked on Thursday, the 11th instant, with cold, accompanied by a pain supposed to be rheumatic, was advised by a neighbour on Friday forenoon to take "some" of the soda salt. Sleeping soundly till evening the patient was supposed to be progressing favourably; but as the somnolence appeared to increase, Dr. Robertson was called, and found such a grave condition that the man died early on Saturday. The dose is not stated; but as death is said to be attributed to the salicylate taken, it would be interesting to learn the fatal amount. As four to five grammes of the acid can be given in health with scarcely appreciable result, and as very severe dosing is recommended in acute rheumatism, a knowledge of the reckless dose in this case might act as a useful beacon. Drs. Robertson and F. Ogston made a post-mortem in the case.

Further munificence on the part of the Baxter family will go far to fully equip the University College at Dundee for the work set before it. The council last week gratefully accepted £10,000 from Miss Baxter, and a like amount from the trustees of the late Dr. Baxter, and with this they propose to provide thoroughly adequate laboratory accommodation, as well as the services of a competent assistant. Lectures on a popular basis will shortly be commenced by the professors.

On former occasions unfavourable comment has been made in many quarters regarding the management of the public health by the Perth authorities. An epidemic of typhoid has existed in the city since early in summer, and though certain glaring nuisances have been pointed out, notably the water-supply contaminated by the whole filth of the town, no steps appear to have been taken to remedy the evil. Mr. Simpson, the medical officer, in recent reports, has most properly referred to very patent evils, showing the imperfect drainage prevalent, the doubts expressed with regard to the drinking water, the sale of milk and other articles suspected of conveying infection from houses where fever is present, neglect of his criticisms of particular defects, and the high percentage of uncertified deaths. The consequence of all this has been a very undignified series of rebukes to Mr. Simpson and medical officers generally for their meddlesomeness. Now that the medical officer has put his hand to the plough it is hoped he will not look back.

At the recent meeting of the Scottish Anti-Vivisection Society, a good deal of enthusiasm was manifested over the fact that 30,000 people had last year petitioned that scientific investigation should be retarded, that many thousands of tracts on the subject had been distributed, but chiefly that, on the authority of the Rev. Mr. Graham, the University of Edinburgh has lost at present £15,000, in consequence of the practice of vivisection by Professor Rutherford. The speeches were of the usual wild character.

The epidemic of typhoid in Dumfries and district is still causing anxiety to the authorities. The accommodation at the infirmary is only sufficient for sixteen cases, and this at present is fully occupied. A sub-committee has reported in favour of erecting a fever hospital at a cost of £800; but the expense has so frightened the local authority that delay has been agreed to, in hope of the infirmary managers allowing more space in that institution for the treatment of infectious cases.

The Musselburgh Town Council having resolved to dispense with the services of a public analyst, intimation to that effect has been given to Dr. Falconer King, of Edinburgh, who has for some time had the office. Dr. King has been advised that the Council had not the power of dismissal, and therefore gives that body distinctly to understand that he still considers himself public analyst for Musselburgh. Medical men have sometimes had to submit to similar ungracious treatment, and will sympathise with the first of the chemists who, in Scotland, has been summarily dismissed.

It is noteworthy that in the Lord Advocate's recent tour amongst his constituents no reference was made to the proposed General Police Bill for Scotland. We may thus perhaps take it for granted that the Bill is not yet drawn; and those associations interested in sanitary matters might now more easily influence the framers of the measure than after it is on the table of the House.

IRELAND.

(From our own Correspondent.)

THE collections made last November for the Dublin Hospital Sunday Fund amounted to £4174 6s. 10*d.*, being £107 18*s.* 3*d.* more than that obtained the year preceding, and an increase of nearly £1000 over the sum collected in 1874, the first year of the fund. When we consider the stagnation of business in Dublin, and the evil results consequent on the land agitation throughout Ireland, the proceeds of last November collections must be considered as eminently satisfactory.

On last Tuesday, Mr. H. Gray Croly, of the City of Dublin Hospital, operated on a case of ununited fracture of both bones of the forearm. The injury was received by direct violence some five months since, and, although carefully put up in splints, union did not take place, and the patient was admitted into hospital. On being cut down upon, it was found that the lower ends of the upper part of the bones converged closely together, and that a portion of muscle separated the upper and lower fragments, while a thin plate of bone was placed between the bones, which probably had a good deal to do with their non-union. Portions of the bones having been cut off, holes were drilled, and the parts fastened by silver wire. I may add, that the upper arm was "Esmarched" by a few turns of the elastic bandage, no rubber tubing being used, as Mr. Croly believes that the pressure of the tube on the brachial plexus often causes a temporary paralysis.

Dr. Banks, President-elect of the Dublin Branch of the British Medical Association, will deliver the annual address on the 26th inst., and Dr. Mahomed of London will attend and explain the objects of the Committee of the Association for the Collective Investigation of Disease.

During the past year 739 patients were admitted to the wards of the Coombe Lying-in Hospital, and 2020 attended in labour at their own homes. The institution is an admirable one, and situated in one of the poorest and most densely populated districts in Dublin. The hospital is in debt to a considerable amount, and the Board has made a special appeal for a sum sufficient to remove its liability, and which I trust may be successful.

Lupus conjunctiva is usually regarded as a very rare disease, but Mr. A. H. Benson, of St. Mark's Ophthalmic Hospital, has had recently four cases under observation. In some the disease did not occur elsewhere, but in his last case, which he exhibited at a late meeting of the Academy of Medicine, besides the characteristic granulations of the eyelid there existed lupus of the gums, nose, and pharynx. Mr. Benson believes that the affection is not so rare as is supposed, and is inclined to the opinion that it may occasionally be mistaken for another disease, or be overlooked.

At the Presentment Sessions for the County Kildare, held at Naas this week, a poor-law guardian opposed the passing of the usual half-yearly grant of £500 for the maintenance of the County Kildare Infirmary, on the ground that the hospital accommodation attached to the Naas, Athy, and Celbridge Unions was sufficient. A resolution to this effect was carried by a large majority, and the presentment was accordingly refused.

An examination for Certificates in Sanitary Science took place for the first time last week at the College of Physicians, when two gentlemen were successful. The fee for

the certificate is five guineas, which is not returned to a candidate in case of rejection.

A memorial from the matriculated female students of the Royal University has been presented, praying that arrangements may be made to accord them facilities for receiving instruction from the Fellows of the University, and has been referred to a special committee for consideration.

PARIS.

(From our Paris Correspondent.)

To the account of the necropsy of M. Gambetta, published in THE LANCET of the 6th inst., it may be added that the brain of the great Republican leader weighed 1160 grams., or about 37½ ounces, which, according to some authorities, would be less than the average weight of the human adult brain; and this circumstance affords another example of the disproportion that frequently exists between the development of the intellectual faculties and the size or weight of the brain. The true explanation must then be sought elsewhere than in the weight or size of that organ; or, as a lady, writing some time ago on the same subject, in which she criticised the assertions made by some writers, as to the inferiority of women's brains compared with those of men, wittily remarked, it was the quality, and not the quantity of cerebral matter, that should constitute the superiority or inferiority of the human brain. No one can deny that the intellectual faculties of M. Gambetta were developed to a very remarkable degree, and yet his brain weighed less than the average of that of civilized adult subjects. The authoress, however, just referred to does not explain what is meant by the quality of the cerebral matter, or how it is to be tested. The tests of a superior or inferior intellectual brain are of a most complex nature, and notwithstanding the enormous strides that have been made within the last few years in general physiology, we are still profoundly ignorant of the inherent properties or special functions of the brain.

Had cremation been made legal in this country, the body of M. Gambetta would have been burnt, as his name appeared in the list of senators and deputies who intended to lay the subject before Parliament on the earliest occasion.

Dr. Gréhant, Assistant-Conservator at the Museum of Natural History, recently made an interesting communication to the Biological Society on the quantity of alcohol that would be necessary to produce fatal effects. With this view he performed a series of experiments, the results of which were always identical. By means of an œsophageal tube, Dr. Gréhant injected into the stomach of a dog thirty grammes of alcohol, every half-hour, until the animal died. At the post-mortem examination he found that the blood of the animal contained a proportion of 1 part of absolute alcohol to 100 parts of blood. He also found that the alcohol acted directly on the constituent elements of the blood; that the state known under the name of "dead drunk" does not exist during the time that the drunkard continued to absorb the liquor, but it would occur just at the moment when the alcohol imbibed would cease to be assimilated, the proportion of alcohol then found being 1 to 195 of blood; and that there is more than half of this quantity of alcohol already present in the blood when death takes place. Dr. Gréhant believes that, since death by alcoholic poisoning is less frequent than may be supposed, it is owing to the circumstance that the drunkard nearly always, and it may be said mechanically, feels obliged to stop drinking precisely at the moment where this proportion of 1 to 195 really exists in the blood.

At a recent meeting of the Biological Society Professor Charcot read some observations he had made at the Salpêtrière Asylum, in which he endeavoured to show that the pain felt in the ovarian region of hysterical subjects was really situated in the ovary, and that the various phenomena produced by pressure on the iliac fossa, such as the arrest of hysterical fits, the rousing of hypnotised subjects, &c. were really due to pressure of the ovary itself. In illustration of his thesis he related the cases of two hysterical women who were *enceinte*, in whom the painful spots rose according as the uterus developed itself, the ovaries being at the same time drawn up with it; the proof of this is that after parturition the painful spots descended to their usual positions.

The following note, however, by Dr. Burq (so well known for his researches in metallotherapy) on the nature and treatment of hysteria in the male, would seem to disprove the theory enunciated by Professor Charcot. Dr. Burq stated, at a recent meeting of the Medical Society, that more than thirty years ago he had written to prove that hysteria existed in the male as well as in the female, and that its seat of origin can be no more assigned to the appendages of the uterus than to that organ itself. Dr. Burq still maintains the same opinion, and believes that the neurosis obeys the same laws based on the preponderance of disturbances of the functions of sensibility and of motility in the form of anæsthesia or analgesia, paresia and amyasthenia, and that it is cured by the same æsthesiogenetic means—i.e., metals.

Dr. Martineau, Physician to the Lourcine Hospital, inoculated a male monkey on the penis with syphilitic matter taken from two chancres in a patient, and he noticed on the twenty-eighth day, and on the inoculated spots, two superficial erosions, with a smooth even base, more greyish than red, the edges slightly raised, flattened, and adherent, presenting, in short, all the characteristics of a true chancre. Two days after the inguinal glands were enlarged, and at the end of the fourth day two of the axillary glands were also similarly affected. In order to ascertain whether these two supposed chancres were really syphilitic and communicable to another animal of the same species, Dr. Martineau requested M. Bouley, the eminent veterinary surgeon, to place the monkey with a female monkey, and to watch the results. These have not yet been made known, but at the last meeting of the Medical Society, Dr. Martineau presented a cast in plaster of Paris showing an ulcer resulting from the inoculation of syphilis in the monkey. He observed that the chancre appeared twenty-eight days after the inoculation, and that the ulcer was quite healed twenty-six days after, the course which takes place in the human subject. The glandular swelling in the groin gradually increased until other glands in other regions became also affected. On the tenth day—that is, fifty-six days after inoculation—syphilitic erosions manifested themselves, a state of things which is also observed in man. Dr. Martineau has promised to report further on the evolution of this inoculated syphilis.

Paris, Jan. 16th, 1883.

Obituary.

FRANCIS KER FOX, M.D. CANTAB.

WE have to record the death, in his seventy-ninth year, of Dr. Francis Ker Fox, who for nearly sixty years was associated with Bislington House Asylum, at first in connexion with his father, its founder, and for the last fifty years as senior proprietor and physician. Dr. Fox received his medical education at Edinburgh, Göttingen, and Paris, proceeding to his medical degrees at Cambridge. His thorough knowledge of mental disease led him to welcome the non-restraint system, suggested by Hill, Conolly, Tuke of York, and others of that day, and from his tact and kindness of heart he was eminently successful in the adoption of this treatment, and in thus promoting the cure and winning the affection of his patients. His opinion was widely recognised in all questions relating to mental disease, and whilst the chief energies of his life were employed in making the asylum a cheerful hospital for cure, he did much to foster the plan of villa residences for the insane under suitable supervision. With him the profession has lost a wise asylum administrator, a dignified university graduate, a skilful physician, and a courteous Christian gentleman of the best type.

LONDON SANITARY PROTECTION ASSOCIATION.—This Association shows undoubted signs of prosperity. At the end of 1882 the number of members was 540, and the balance sheet showed a total income for the year of £1164. In a very interesting lecture, delivered before the Society of Arts on the 17th inst., Mr. Burton, the chief inspecting engineer to the Association, gave some account of their work. His statement contained revelations of the condition of dwelling-houses which make one wonder that zymotic disease is not more prevalent than it is, and which afford ample evidence of the need of such Associations as the one whose advantages he set forth.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen passed the Primary Examination in Anatomy and Physiology at meetings of the Board of Examiners on the 12th, 15th, 16th, and 17th inst.:—

J. Augustus Bradbury, Purnell Purnell, Hubert H. Du Boulay, Frank E. Cave, David M. Evans, Alfred Sutton, Frank C. Butt, Francis W. Foster, I. H. Benson, and Mordaunt G. Dundas, Guy's Hospital; J. Milton Cotton, P. John Strathy, and G. Strange Beck, Toronto, Canada; H. Moxey Partridge, Thomas Iredale, Hore B. Trist, John S. Curgenven, Chas. C. Hatton, Henry R. Church, Z. Belling Mudge, Charles E. Valpy, F. Osborne Smith, G. F. Richards, and J. R. G. Chick Lucas, St. Bartholomew's Hospital; H. W. Denton-Cardew and Arthur B. Avarne, London Hospital; F. Haydon, Westminster Hospital; E. Fitzgerald Trevor, J. Prosser-Evans, Samuel L. Jones, Levi S. Luckham, John P. Williams Freeman, Samuel L. Cliff, and Walter Bowden, University College; J. Geo. Baggetta, Walter Venis, Gustavus G. Gidley, Vincent J. Rigg, and Robt. S. Fairbank, King's College; L. de Courcey E. Harston and Chas. Dickinson, St. George's Hospital; H. Lawless Cade, Arthur J. Hubbard, and G. W. Davis, St. Thomas's Hospital; John M'Oscar and Richard Edwards, Middlesex Hospital; Joseph A. Going, Cambridge and London Hospital; S. Thomas Bewsey and Chas. M. Cooke, St. Mary's Hospital; T. W. Richardson, University and King's Colleges; Adam R. S. Anderson, Cambridge; W. S. Richmond, T. L. Archer, and W. B. Lauria, St. Bartholomew's Hospital; G. Schofield, G. G. O. Phillips, E. C. Kingsford, W. H. Boger, and L. Selway, Guy's Hospital; S. J. Brooks, T. F. Shackleton, and W. E. Bremner, King's College; C. Haynes, Charing-cross Hospital; F. H. Pott, C. M. Fegen, and J. D. Swinburne, St. George's Hospital; F. F. White and P. H. E. Rubie, St. Mary's Hospital; W. A. Maggs, Middlesex Hospital.

The Library of the College will be closed on Friday, the 19th, and also on Saturday, the 20th inst., in consequence of the Pass Examination.

ROYAL COLLEGE OF SURGEONS IN IRELAND. — At meetings of the Court of Examiners held last week the undermentioned was admitted a Fellow of the College:—

Francis J. O'Reilly, Trim.

COLLEGE OF PHYSICIANS IN IRELAND. — At the January examinations the following candidates obtained the licences in Medicine and Midwifery and the certificate in Sanitary Science:—

MEDICINE. — William Thomas Cuthbert, Percy Herbert Delamere, Johnson Gore Hunt, Alan Montgomery Irwin, Francis Saunderson Morrison, Percy Newell.

MIDWIFERY. — William Thomas Cuthbert, Percy Herbert Delamere, Johnson Gore Hunt, Percy Newell, Edward Francis Pigot, Samuel Stronge, West Wheldale Wilson.

CERTIFICATE IN SANITARY SCIENCE.—George Purcell Atkins, John Byrne Power.

The following Licentiates have been admitted Members of the College:—

Montagu Wm. Perceval. | George Stoker.
Wm. Edw. Robson. | John Weddick.

APOTHECARIES' HALL. — The following gentleman passed the examination in the Science and Practice of Medicine, and received a certificate to practise, on Jan. 11th:—

Charles Style Humphreys, Chichester-street.

At the Preliminary Examination in Arts, held at the Hall on Jan. 11th, 12th, and 13th, 110 candidates presented themselves, of whom 73 were rejected, and the following 37 passed and received certificates of proficiency in General Education:—

SECOND DIVISION (in alphabetical order). — J. Bamfylde, W. H. Barnby, G. Barton, J. A. Bairstow, F. J. Brown-Wade, S. J. Cole, T. W. Colthurst, W. C. Croxford, A. J. De Butts, A. Deive, T. S. Dennison, S. V. Duncan, W. R. Elphinstone, G. A. Ferraby, F. H. Horner, J. R. F. Hutson, E. E. Kershaw, R. J. Langley, P. S. L. Mac Dougall, H. E. Mahonie, C. G. A. Le Mesurier, J. D. Moulton, J. E. Moyse, J. Penny, J. D. Price, E. E. Prior, T. O. Raw, Marie Rockstro, A. L. Travers, F. G. Vicars, B. Walker, R. F. Walker, A. W. Waller, H. W. Wedgwood, F. C. Wood, J. L. Thomas.

The following passed in Elementary Mechanics alone:—

W. D. Gimson.

MEDICAL MAGISTRATE. — James Munro, M.D., Barnard Castle, has been placed on the Commission of the Peace for the County of Durham.

THE 7th inst. was observed as Hospital Sunday at Aberdeen. Returns have been received from fifty-two churches and chapels, and in these a sum of over £733 has been collected.

MR. JOHN SHARP, of Balmuir, in token of his approval of the institution of a separate Children's Ward, and to assist in providing for the extra expense arising therefrom, has given £1000 towards the general funds of the Dundee Royal Infirmary.

A VERY successful vocal and dramatic entertainment was given on the 6th inst. in the music-hall buildings, Aberdeen, for the benefit of the Royal Infirmary. The performers consisted chiefly of students of the University.

AT a meeting of the Fulham Board of Works held on the 10th inst., the works committee recommended that a portion of the shed at the Board's wharf in Queen-street be fitted up as a temporary mortuary. This recommendation was adopted.

THE NEW HOSPITAL AT BURNLEY.—The executors of Colonel Hargreaves have given the site for the proposed new hospital at Burnley. The land is about two acres in extent. In addition to the gift of land they offer £1000 towards the building and endowment fund.

AT a quarterly court of the directors of the Dundee Royal Lunatic Asylum, held on the 10th inst., it was stated that a loan of close upon £50,000 made by the Union Bank had been exhausted on the new buildings; that a considerable sum had been spent beyond that amount, and that the interest on the loan was so large that the directors were not likely to be able to meet it from their free surplus revenue. In this impecunious state of the institution, the directors appealed for help to those opulent citizens who had been of late giving munificent donations to other public institutions.

PRESENTATIONS.—Dr. Clippingdale, resident medical officer at the Kensington Dispensary, was presented on the 5th inst. with a gold watch and a card tray. On the watch was the following inscription:—"To S. D. Clippingdale, Esq., M.D., F.R.C.S. Presented by the patients of the Kensington Dispensary, January 5th, 1883."—On the 10th inst. Dr. A. J. Manson, of Banff, was presented with a silver salver and a purse containing 500 guineas, subscribed to by his numerous friends in the burgh and county of Banff and elsewhere, in token of their appreciation of his untiring zeal and devotion to duty during a period of forty-eight years. The presentation was made in the council chamber by Sheriff Scott Moncrieff.

EDINBURGH UNIVERSITY. — The following bursaries, &c., were awarded at the competitive examinations in the Faculty of Medicine during the session 1881–1882. First Year Bursaries: Subjects of preliminary examination required for first professional examination. A Thomson Bursary of £25 a year to Mr. Arthur Clarkson. A Grierson Bursary of £20 to Mr. James Taylor. The Thomson Scholarship, in Botany, Zoology, and Elementary Mechanics, of £40 a year to Mr. Alexander Edington. Third Year Bursary: A Grierson Bursary, in Anatomy and Physiology, of £20 to Mr. Paul Bowes. Fourth Year Bursary: A Tyndal-Bruce Bursary, in Materia Medica and Pathology, of £25 to Mr. Thomas E. Dyson. The Neil-Arnott Prize, in Experimental Physics, of £40 was awarded to Mr. John Morrison.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BROWN, PHILIP, M.D.Aber., L.S.A.Lond., has been reappointed Medical Officer of Health for the Blaydon Urban Sanitary District.

DE RENZY, ANNESLEY C. C., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Workhouse of the Scarborough Union, vice Collins, resigned.

FIRTH, R. H., F.R.C.S.Eng., has been appointed Demonstrator of Anatomy in University College, London, vice A. Q. Silcock, M.D., resigned.

FISHER, FREDERIC, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the North Deptford District of the Greenwich Union, vice Speed, whose term of office has expired.

HEAD, ROBT. TURNER, L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Fulbourn District of the Chesterton Union.

HESLOP, FREDERICK A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Overbury District of the Tewkesbury Union.

JACOB, EDW. LONG, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Chertsey, Dorking, Epsom, and Reigate Urban Sanitary Districts.

KING, DAVID ALEX., M.R.C.S., has been appointed Casualty Physician to St. Bartholomew's Hospital, vice Kidd, whose appointment has expired.

LANE, J. OSWALD, B.A. & M.B.Cantab., M.R.C.S., &c., has been appointed House-Surgeon to the General Infirmary, Northampton.

LUCAS, ROBERT, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Feversham District of the Chesterton Union.

PERKINS, G. CHAPMAN STEELE, M.B., C.M.Ed., L.R.C.P.L., M.R.C.S., has been appointed Medical Officer for the Exmouth District of the St. Thomas's Union.

PHILLIPS, SIDNEY PHILIP, M.D.Lond., M.R.C.S., has been appointed Physician for Out-patients to St. Mary's Hospital.

SMYLY, W. JOSIAH, M.D.T.C.D., L.K.Q.C.P.I., has been appointed Obstetric Surgeon to the City of Dublin Hospital, vice Macan.

STUDDERT, RICHARD C., M.D., B.Ch.Dub., has been appointed Medical Officer of Health for the Erith Urban Sanitary District, vice Jessett.

THEW, EDWIN PRINGLE, M.B., C.M.Ed., has been appointed Medical Officer for the Alnwick District and Workhouse of the Alnwick Union, vice Candlish, resigned.

Births, Marriages, and Deaths.

BIRTHS.

CULLINGWORTH.—On the 10th inst., at 260, Oxford-road, Manchester, the wife of Charles James Cullingworth, M.D., M.R.C.P., of a daughter.

DOLAN.—On the 8th inst., at Horton House, Halifax, Yorkshire, the wife of T. M. Dolan, F.R.C.S., of a son.

HESLOP.—On the 13th inst., at Clayton House, Stretford-road, Manchester, the wife of Dr. W. Heslop, of a daughter.

HOWSE.—On the 12th inst., at 10, St. Thomas's-street, Southwark, the wife of H. G. Howse, M.S., F.R.C.S., of a daughter.

SEALY.—On the 30th Nov., at Nelson, New Zealand, the wife of William B. Sealy, M.D., of a daughter.

WOOD.—On the 14th inst., at Bethlem Royal Hospital, the wife of W. E. Ramsden Wood, M.A., M.D., of a son.

MARRIAGES.

CAIRD—CHAPMAN.—On the 14th Nov., at the Church of the Resurrection, Jamberoo, New South Wales, by the Rev. E. A. Colvin, incumbent, John Hay, second son of James Caird, of Farskane, Cullen, N.B., to Lizzie, only daughter of the late Thomas W. Chapman, of Windsor, N.S.W.

JAGOE—CAMPBELL.—On November 21st, at All Saints, Petersham, Sydney, by the Right Rev. the Lord Bishop of Goulburn, assisted by the Rev. J. W. Debenham, Henry Jagoe, B.A., M.B., Surgeon-Major, A.M.D., eldest son of the late B. H. Jagoe, Esq., of Bandon, Co. Cork, to Mary Louisa, youngest daughter of the late Robert Campbell, Esq., Colonial Treasurer, of New South Wales, and the late Mrs. Robert Campbell, of 20, Queen's-gate-gardens, South Kensington.

STOKES—PERRY.—On the 11th inst., at St. Augustine's Church, Highbury-new-park, by the Rev. D. Hunt, B.A., brother-in-law of the bride, and the Rev. Gordon Calthrop, M.A., Vicar of St. Augustine's, Henry Fraser Stokes, L.R.C.P.Lond., M.R.C.S.Eng., of 2, Highbury-crescent, N., eldest son of Dr. Stokes, of 31, Compton-terrace, Highbury, to Ellen Mary, eldest daughter of the late William R. Perry, Esq., of Crouch-hill, Hornsey, N.

UPTON—BRINTON.—On the 10th inst., at All Saints', Wribbenhall, Worcestershire, Alfred Upton, L.R.C.P.Lond., M.R.C.S.Eng., of Brighton, Sussex, to Norah, only daughter of the late Alfred Brinton, of Kidderminster.

WELLS—WOOSNAM.—On the 10th inst., at Trinity Church, Weston-super-Mare, Albert Primrose Wells, B.A.Cantab., L.R.C.P., &c., of Brighton, to Grace, youngest daughter of the late Major-General J. B. Woosnam, Royal (Bombay) Horse Artillery.

WHITFELD—MORGAN.—On the 10th inst., at St. Mary's Church, Dilwyn, Herefordshire, William Clarke Whitfeld, F.R.C.S., of St. Ethelbert-street, Hereford, to Esther Grace, eldest daughter of the Rev. T. Morgan, M.A., Vicar of Dilwyn.

DEATHS.

DOWSON.—On the 6th inst., at the residence of his son-in-law, the Rev. J. W. H. Carr, of All Saints', Middlesborough, John Dowson, M.D., M.R.C.P., late of Whitley, aged 84.

FORSYTH.—On the 14th inst., at the residence of his son, Major-General A. G. Forsyth, of Selborne-road, West Brighton, Sir John Forsyth, C.B., K.C.S.I., late Principal Inspector-General of Her Majesty's Indian Medical Department (Bengal), and Honorary Physician to the Queen, in his 84th year.

FOSTER.—On the 21st Nov., at Knutsford, St. Ann's, Jamaica, Hephzibah C., wife of Henry B. Foster, M.B., L.R.C.S.I., aged 35.

LORRAINE.—On the 12th inst., W. J. Lorraine, M.R.C.S. & L.R.C.P.Ed., of Drury-lane, Wakefield, aged 35.

MACKINNON.—On the 9th inst., at his residence, Millbrook Lawn, Regent's-park, Millbrook, near Southampton, and late of Westbourne-park, Bayswater, Charles Mackinnon, Inspector-General of Hospitals, Bengal Medical Establishment (Retired), within a month of his 83rd year.

MIDDLETON.—On the 16th inst., at 17, Stralton-place, Portobello, N.B., John Middleton, M.D., L.R.C.S. Friends will please accept this the only intimation.

MURPHY.—On the 29th ult., at Holly House, Sunderland, Adelaide Harriett Lucretia, the wife of James Murphy, M.D., aged 27.

OTTLEY.—On the 14th inst., at Ladbroke-grove, Notting-hill, W., suddenly, Walter Ottley, M.B., F.R.C.S., younger son of the late Drewry Ottley, M.D., aged 33.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Jan. 18th, 1883.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 5.30 A.M.
Jan. 12	29·59	S.E.	40	39	..	44	36	·02	Overcast
,, 13	29·27	S.E.	41	41	..	46	37	·02	Raining
,, 14	29·54	S.E.	41	40	..	47	33	..	Cloudy
,, 15	29·34	W.	43	42	..	49	37	·17	Raining
,, 16	29·65	N.W.	39	38	..	46	35	·23	Raining
,, 17	30·18	W.	44	43	..	51	34	·05	Cloudy
,, 18	30·16	S.W.	51	50	..	54	40	·02	Overcast

Medical Diary for the ensuing Week.

Monday, Jan. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Second Leitsomian Lecture: Dr. A. Ernest Sansom, "On the Treatment of some Forms of Valvular Diseases of the Heart—Mitral Regurgitation."

Tuesday, Jan. 23.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 3 P.M.

ROYAL INSTITUTION.—3 P.M. Professor W. C. Williamson, "On Primæval Ancestors of Existing Vegetation."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Sir Henry Thompson, "On Three Cases of Polypoid Tumour of the Bladder, removed by Operation;" "On an Operation for Exploring the Bladder by Perineal Section of the Urethra and for Removing Vesical Tumour, Impacted Calculus, &c., with cases."

Wednesday, Jan. 24.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays, at 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

HUNTERIAN SOCIETY.—7.30 P.M. Special Council Meeting.—8 P.M. Mr. G. T. B. Stevens, "On a Case of Bullet Wound of the Skull."—Dr. Woakes, "On Vertigo and the Group of Symptoms sometimes called Ménière's Disease."

Thursday, Jan. 25.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

ROYAL INSTITUTION.—3 P.M. Professor Dewar, "On the Spectroscope."

Friday, Jan. 26.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. J. G. Waller, "On an Undescribed Sponge of the Genus Hymeraptria."

ROYAL INSTITUTION.—9 P.M. Mr. G. J. Romanes, "On Recent Work on Starfishes."

CLINICAL SOCIETY OF LONDON.—Opening Address by the President.—Dr. Longhurst, "On the Activity of the Infective Power of the Poison of Scarlet Fever during the Pre-eruptive Stage of the Disease."—Mr. Shuter, "On Sub-periosteal Amputation at the Hip-joint (patient to be shown)."—Dr. Broadbent, "On a Case of Supposed Hydrophobia treated by Chloral, with Recovery."—Dr. Samuel West will show a Case of Diffuse Scleroderma.—Dr. Lediard will show a Case of Osteitis Deformans.

Saturday, Jan. 27.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—Mr. R. Bosworth Smith, "On Henry and John Lawrence, 1849-1857."

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

THE INFLUENCE OF SULPHUROUS ACID IN ARRESTING PHTHISIS.

HERR KIRCHER, a pupil of Liebig, has been during forty-four years director of an ultramarine factory, in which a special process of manufacture is employed which involves the formation of sulphurous acid by the burning of sulphur. He maintains (according to the *Gesundheit*) that none of his workpeople have ever suffered from consumption, typhus, cholera, or any disorder which is produced by bacteria. He recommends the following treatment in the case of tuberculous patients. They should be brought into a room in which small quantities of sulphur (one to two drachms) are burnt every hour over a spirit lamp or on a stove. At first coughing of a more or less aggravated character takes place, and after eight or twelve days the bacteria gradually disappear and cease to irritate the lung-tissue. To complete the cure, the patients should be brought into rooms which contain some aromatic vapours.

J. W. S.—Undoubtedly in all cases where a claim is held against a vessel, application should be made to the captain or master, who is legally the occupier. In the case mentioned, it seems that no claim can lie. The Sanitary Medical Officer is appointed for the district, including the port, and as such clearly should have attended to the vessel. The 54th Section of the Public Health Act (Scotland) would seem to refer simply to parish medical officers in the event of their being called upon to perform extra services on board any vessel. The whole hardship of the case lies in the absurdly small salary.

Mr. H. Montague Murray.—A purchaser might be obtained by advertising.

"PHYSICIANS' PRESCRIPTIONS."

To the Editor of THE LANCET.

SIR,—In reference to the course said to be pursued by certain general practitioners in the treatment of their patients, which is the cause of some dissatisfaction just now, will you permit me to mention a case which has just occurred within my own knowledge, and which seems to me to be open to very great objection. The practitioner in this case (by means of a manifold writer) wrote a prescription in duplicate, giving one copy to the patient (a lady), with a request that it should be made up by a particular chemist. The patient of course took it to the chemist, who made up the draught prescribed, but declined to give up the prescription, saying he had received orders from the practitioner that it was not to be given up, but was to be returned to the practitioner. The patient thereupon declined to take the medicine, and wrote to the practitioner informing him of what had occurred, at the same time pointing out that she failed to see why the duplicate handed to her was required by the practitioner, seeing that he had a complete counterpart, and that inasmuch as the prescription was dispensed by a person who did not prescribe it, a patient who took the medicine without having the prescription would be wanting in ordinary prudence. The practitioner, strange to say, has taken no notice whatever of this communication, which omission, although somewhat rude, is perhaps rather an indication of the practitioner's inability to combat the patient's reasoning. It certainly seems to me that when practitioners write prescriptions to be dispensed by chemists, it is absolutely necessary for the patient to possess the prescription, otherwise, in the event of harm following the taking of the medicine, it would probably be difficult, if not impossible, for the patient or his friends to ascertain with accuracy upon whom the blame lay, whether the prescriber or the dispenser. At all events, the chemist, knowing that the patient has no copy of the prescription, is not unlikely to be less cautious in the preparation of the medicine.

I am, Sir, your obedient servant,

Upper Teddington, Jan. 9th, 1883. W. D. S. C.

INSUFFICIENT WATER-DRINKING.

DR. MAAS, Professor of Surgery at Freiburg (Baden), has recently published the results of his investigations on the above subject which he made with special reference to sunstroke. An artificial perspiration (or, rather, absorption of the water in the system) was effected in the case of the animals subjected to these experiments with the result of the temperature of their bodies being considerably reduced. When liberated, the animals drank abundantly of the liquids placed before them, but usually died in the course of the same or the following day, the loss of heat having induced weakness and death. The pressure of the blood becomes diminished under such circumstances, and the processes of nourishment and digestion show reduced activity. In the case of a powerful dog of medium size, the pressure of the blood fell during the four hours' experiment from 128 to 59. Upon dissection it was found that several of the organs were extremely dry and distended. He states the fact that in cases of death from sunstroke, appearances have been noticed upon post-mortem examination, corresponding more or less with those observed in the experiments upon animals. In such cases alcoholic liquors, such as brandy, beer, &c., are not recommended, the first and most urgent requirement being the replacing of the water which is wanting. It is remarked that this is best done by lukewarm or warm water, as they are most rapidly absorbed. The addition of wine, coffee, or tea is also disapproved by Dr. Maas, who recommends the addition of a little acetic acid or citric acid, as the transition into the blood of water impregnated with acid is quicker than it otherwise would be. The importance of a daily provision for the maintenance of the due quantity of fluid in the system is commented upon in the remarks of the *Gesundheit* upon the theory propounded by Dr. Maas, and it is suggested that a pint of water should be drunk every morning on rising, and a similar quantity before retiring to rest; while one to one and three-quarters of a pint of water should be taken after each important meal. The neglect of precautions for keeping up the supply of water causes, it is said, diminution of the quantity of blood, lowering of temperature, and loss of strength, thus indicating premature death.

Healing.—Our correspondent will find information on the subject in "Medical Education and Practice," by Dr. Hardwicke. The University of St. Andrews is the only British university that grants degrees without residence, and this only to a limited number of persons of a certain age and standing.

FEES FROM MEDICAL MEN TO MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—Would you or any of your readers inform me what is now the usual custom between medical men as to fees for attendance on themselves or families. Some months back, having occasion to consult one of our most eminent men in London about my health, I was (although before personally unknown to him) treated with the greatest of attention, and accorded a special appointment. Unwilling to trespass on his valuable time without remuneration, I tendered a fee, which was promptly refused, and I was sharply rebuked and reminded of the professional etiquette. Lately, in a country town, I required professional aid on two occasions from different surgeons, and thinking a fee, although not asked for, was expected by both, I tendered, and found it absorbed as readily as if administered hypodermically. Fees offered on my behalf for medical attendance on my children, residing in Dublin for education, have invariably been refused, and there I believe the old custom still obtains. I am now nearly twenty years in the profession (most of which time has been spent abroad), and have often refused but never accepted a fee from a brother medico, nor, until lately, paid one, understanding such to be the recognised rule; but if one man tells you it is an insult and another looks as if he wished to be insulted, what is the best course to pursue—to offer or not to offer? To be considered ignorant of professional etiquette or mean?

I am, Sir, yours obediently,

January, 1883. A PERPLEXED SURGEON.

*** The rule still obtains among medical men of giving each other medical help, and, so long as it is not obviously abused, it must always continue to be the rule.—ED. L.

Mr. Walker (Crick).—The matter is of too personal a nature to admit of useful discussion in our columns.

Dr. James Adams (Glasgow).—The matter will be noticed next week.

MEDICAL CERTIFICATES FOR BOARD SCHOOL CHILDREN.

To the Editor of THE LANCET.

SIR,—You will remember a recent decision in a law court, that in the absence of a child from the Board School by illness, the visitor must procure the necessary medical certificate, and of course pay for it. Before this, I was frequently certifying on the parents' account, but since I have not once been applied to by the school authorities, though the parents are subjected to the same worry, and the doctor's attendance ignored. Other medical men may have met with the same experience.

I am, Sir, yours truly,

January 16th, 1883. M.D.

TREES IN TOWNS.

A CORRESPONDENCE has been recently carried on in the local press at Geneva as to the value, or otherwise, of trees in streets and open spaces. Dr. Piachaud contended that trees in streets do more harm than good, that they impede the circulation of the air, and that, as for the shade they afford, people who do not like sunshine have only to keep on the shady side of the street. Instead of planting more trees, as some propose, he would rather, in the interests of hygiene, remove all existing trees. Professor Goret, of the University, who, though an eminent physicist and chemist, disclaims any special knowledge of medicine or hygiene, has replied. He treats the matter from a common-sense and scientific point of view. He says that trees in streets temper the heat and serve as a protection from dust, and that the evaporation from their leaves tends to keep the surrounding air cool and moist; that the perpetual vibration of their foliage and swaying of their branches, whilst admitting a sufficient amount of light, serve to protect the eyes from the noonday glare. Professor Goret's last argument is that the roots of trees draw up stagnant waters and absorb the organic matters contained in the filth from which the streets of a town are never free, and which, after infiltrating the ground, are a frequent cause of fevers and infection. Trees, in fact, have the same effect on the subsoil of towns as fields have on the contents of their sewers—they act as disinfectants. Taking these facts into consideration, the Professor strongly recommends the planting of trees, at proper intervals, in streets and squares. He also condemns the practice that prevails in many continental towns of cutting the trees down to a uniform size, as the branches of trees so treated become so impacted as to be impervious to light, and the shade they give under such circumstances, although deep, is too circumscribed to be of much use.

Mr. Henry James.—1. Yes.—2. The reasons are of a physiological nature.—3. No.

APPEAL FOR THE ORPHAN CHILDREN OF THE LATE DR. GRIFFITHS.

To the Editor of THE LANCET.

SIR,—Since my appeal for the orphan children of the late Dr. Handsel Griffiths, I have much pleasure in acknowledging, through the medium of your columns, the receipt of the following additional sums:—

Morrant Baker, Esq., F.R.C.S. Lond.	..	£2	2 0
A. D., England	..	2	2 0
Francis Vacher, Esq., Birkenhead	..	1	1 0
H. R. Hayes	..	1	1 0
F. De Havilland Hall, London	..	1	1 0
J. Bothwell	..	1	1 0
Rev. Frederick R. Wynne, Dublin	..	1	0 0
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James McCleery, Belfast	..	1	0 0
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Anything further sent to me for the above object will be thankfully received and acknowledged.—I am, Sir, yours, &c.,

LAMBERT H. ORMSBY, M.D., &c.

4, Merrion-square West, Dublin, Jan. 16th, 1883.

The Editor of the "Midland Medical Miscellany."—The cases are not parallel.

Mr. Allen (Belfast).—We cannot exchange.

"PERMANGANATE OF POTASH IN GONORRHŒA."

To the Editor of THE LANCET.

SIR,—Allow me to direct your correspondents, "Surgeon, A.M.D.,' and Dr. Husband, of Edinburgh, to my letter on this subject in your issue of Jan. 21st, 1871. In that communication I gave the results of sixteen cases treated in the Seamen's Hospital, Greenwich, with doses of five to ten grains to the ounce of water, with favourable results as compared with other treatment. I was induced to use this drug by the favourable report in an earlier number of your journal by Dr. Warden, of Haulbowline, who had used as much as fifteen grains to the ounce. At that time I found little complaint of pain even with the larger dose, but in private practice I cannot use more than two or three grains on account of the pain caused. I combine its use, in recent cases, with McKesson and Robin's cubebs and copaiva pills, in old cases with tincture of iron and strychnia.—I am, Sir, yours truly,

W. MACFIE CAMPBELL, M.D.,

Jan. 13th, 1883. Surgeon, Liverpool Northern Hospital.

MOTES IN SEWER AIR.

IN a paper read recently by Dr. W. A. Hollis, at the Brighton and Hove Natural History Society, on "Motes from a Sunbeam under the Microscope," amongst much that is interesting, the following passage occurs:—

"Show me a town with a long intercepting outfall, closed by the tide for twelve hours in every twenty-four, and *pro tempore* converted into a bubbling cesspit, and I shall show you a place where, in spite of man-holes and street-gratings, in spite of ventilating-shafts and dip-traps, sewer-gas will occasionally force its way backwards into courts and into houses, to the enfeeblement, and it may be to the death, of the inhabitants. All tidal outfalls ought to be abolished. These regurgitant aerial currents laden with motes, ever present in sewer-gas, will be intensified whenever the barometer or the thermometer is low. Then will they mingle their baleful products with the air we breathe, to the injury of our health, the damage of our reputation, and the curtailment of our prosperity."

M.B.—The bandage is in use in the Bellevue Hospital, New York, and beyond the fact of its being a broad, three-tailed bandage, applied evenly over the breast, there is no peculiarity in it.

Dr. Dufy.—The card would certainly be objectionable in England.

VENESECTION.

To the Editor of THE LANCET.

SIR,—So firmly am I convinced that, at least in cases of heart disease, venesection is one of the most potent remedies we possess to alleviate pain and protract life, that I venture to believe that both the profession and the public should be deeply grateful to Dr. Broadbent for his paper on the subject in your last two impressions. For if bloodletting is ever again recognised at its proper value, it will only be by such lucid and scientific expressions of opinion, proved by and grounded on such a large store of clinical experience, having encouraged the profession to resume a remedy abused for centuries and in disuse for a whole generation, and the public to allow the revival of an operation which became a byword and a proverb in former days.

Only one word, and that with the greatest diffidence, would I venture in semi-criticism. Dr. Broadbent, it would appear, has never found venesection necessary in aortic valvular disease (p. 5, column ii.). May I refer him to cases recorded in the *Medical Times and Gazette* (Dec. 18th, 1869, p. 707) and in a paper by myself in THE LANCET (August 5th, 1882), where patients with aortic obstruction seemed to be especially benefited by venesection; and, further, may I express a hope that he will not allow it to be supposed that he at all condemns this treatment in this form of disease. I am the more anxious on the matter because I have seen such good results follow its use. Yet, if Dr. Broadbent maintained that in these patients blood should not be withdrawn, it is more than probable that his high authority would be quoted against the proceeding in any future analogous case.—I am, Sir, yours truly,

West-street, Finsbury-circus, E.C., BEDFORD FENWICK.

Jan. 13th, 1883.

Nemo.—B is entitled to charge for a visit, not for a consultation. Howbeit, the ordinary course for one in B's position would be to regard his visit as paid for A in an emergency.

Hypatia.—There is no such Bill at present in existence.

Dr. Lafan (Cashel).—Yes.

INTRA-UTERINE FRACTURE.

To the Editor of THE LANCET.

SIR,—From the rarity of cases recorded in the medical journals, and from the somewhat scanty notice given in some of our text-books to the subject of intra-uterine fracture, I thought that this case might be of interest to some of your readers.

E. T——, the mother of ten healthy children, was about the 25th of August, 1882, in the seventh month of pregnancy, when her foot caught against a broken piece of toy, and she fell down five steps. She incurred no injury, but was very much frightened. On the 25th of the following October, after a natural labour, she gave birth to a small and delicate child—a boy. Soon after birth the child's right clavicle was seen to be very much deformed. The acromial end forms with the rest of the bone a figure something like a V, with the open end pointing forwards. The whole bone is in one piece, and feels quite firm. There is free movement in the shoulder-joint.

My explanation of the case is this: That the child's clavicle was fractured about half an inch internal to its acromial extremity at the time of the mother's accident, and that it united, though in an abnormal position, during the remaining two months of the child's intra-uterine life. I am, Sir, yours, &c.,

Derby, Jan. 6th, 1883. E. R. WILLIAMS, M.R.C.S., &c.

L.—Messrs. Savory and Moore, New Bond-street, London.

Mr. Grove.—We do not prescribe.

BRITISH MEDICAL BENEVOLENT FUND.

To the Editor of THE LANCET.

SIR,—At the annual general meeting of the subscribers to the above fund, a vote of thanks was passed to you for your services, which vote it is my pleasing duty to convey.—I am, Sir, yours faithfully,

Clifton-gardens, W., Jan. 11th, 1883. EDWARD EAST, Hon. Sec.

DISGRACEFUL BAKEHOUSES.

THE Medical Officer of Health for Sheffield reports to the Sanitary Authority on the disgraceful condition of some of the bakehouses in the town. He points out that, in the absence of an official list of these establishments, a proper inspection is impossible. In one case he found that a wall of the baking-oven formed part of the wall of a large privy, which is used daily by some forty or fifty men in a manufactory at the rear of the bakehouse. In another case a privy and large uncovered midden were close to the baking-room. The yard is very small, and surrounded by high walls; and, in addition to the usual sources of effluvium, a pony is kept, and the manure stored in the yard.

BONE-SETTING—"SO-CALLED."

To the Editor of THE LANCET.

SIR,—We are continually hearing of the wonderful cures wrought by bone-setters and of their successful treatment of cases which have baffled the skill of experienced and eminent practitioners. I think the principal reason of this is that, whilst their successes are noised abroad and circulated as much as possible, their failures are kept secret, both by themselves and their victims, the latter doubtless feeling heartily ashamed of their weakness in consulting a "quack," and not caring to tell of the pain and anguish they suffered at the hands of a muscular "bone-setter," without any satisfactory result. I will briefly relate three cases that have come under my notice in a short period.

The first, a man, slightly injured his wrist in some machinery. He went to work for some time, but found that his wrist was becoming stiff. He consulted an eminent "bone-setter" in this locality, who of course said that it was "out," and proceeded to manipulate it in the manner peculiar to himself. He was under the treatment (?) of this individual for some time, but got from bad to worse, and when I first saw him there was complete destruction of the wrist-joint, with burrowing of pus up the arm, and great constitutional disturbance. Amputation had to be performed, and the loss of an arm was the price this poor fellow had to pay for his over-weening confidence.

The second, a little boy, fell down. No notice was taken of the occurrence for some days, when he began to walk lame and complain of pain in his hip. He was taken to a neighbouring hospital and treated for hip-joint disease. His parents, not being satisfied with the rapidity of his progress, removed him, and took him to a "bone-setter," who of course told the old tale, that the limb "was out of joint," and proceeded to reduce it. What this poor child suffered at the hands of this man was, from his father's description, something terrible to contemplate. However, when I saw the boy, a few days after this occurrence, there was every symptom of hip-joint disease, with marked hectic. He is now, I believe, in an institution with disintegration of the joint.

The third case only came under my notice a few weeks ago. An old man fell down stairs and hurt his shoulder, and afterwards found that he could not move it. He went to see a "bone-setter," who of course said "it was out," and taking hold of the limb by the wrist, "soon made it go in with a crack," so the old man said. He was brought to the workhouse here a few days afterwards, and on taking off his shirt, I found that the joint was covered with a large pitch plaster "to strengthen it." When this was removed, there was no difficulty in seeing that a dislocation still existed, and on examination I also discovered a fracture through the surgical neck of the humerus. I have no doubt that this was caused by the too excessive zeal of the "bone-setter." The luxation was reduced, the arm put up in splints, and the man has now perfect use of the joint.

I think that these three cases will clearly demonstrate that the bone-setting fraternity, like other mortals, do not always command success; and I have no doubt that, if the truth were known, the misery they cause far exceeds any good that can accrue from such rough and primitive surgery.

I am, Sir, your obedient servant,
M.R.C.S., &c.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Henry Thompson, London; Mr. Rawlinson, London; Dr. Blaker, Brighton; Dr. Stevenson, Woolwich; Mr. Reece, London; Dr. James Adams; Dr. Broadbent, London; Mr. Hayman, Victoria; Mr. Clement Lucas, London; Dr. Duffy; Dr. Sturge, London; Dr. T. Oliver, Newcastle-on-Tyne; Dr. R. C. Smith, Ardwick; Mr. Wynter Blyth, London; Mr. Stacey, London; Mr. Blackett, London; Mr. Hurley, London; Dr. K. Fowler, London; Dr. Savage, London; Dr. Archer, Liverpool; Mr. Nankivell, Transkei; Mr. Osborne Walker, Crick; Mr. H. Blair; Mr. E. East, London; Dr. Quinlan, Dublin; Mr. Peters, St. Louis; Drs. Piffard and Morrow, New York; Mr. J. Priestley, Manchester; Mr. Presgrave, Lytham; Mr. E. M. Little, London; Mr. S. Gamgee, Birmingham; Dr. Bristowe, London; Mr. Lawson Tait, Birmingham; Dr. Macpherson, Glasgow; Dr. B. Fenwick, London; Mr. C. Morton, Liverpool; Mr. Marsh, Yeovil; Mr. Davies, Bristol; Mr. Llanwarne, Hereford; Dr. M. Campbell, Liverpool; Dr. W. J. Collins, London; Mr. Jones, Liverpool; Dr. Steeves, Liverpool; Mr. Scott, Edmonton; Dr. Wilson, Cheltenham; Mr. Pilkington, Sunderland; Mr. Watkins, Worcester; Mr. Mookerjea, Chittagong; Messrs. Gallais and Co.; Mr. Service, West Boldon; Mr. Appleton, London; Mr. McFarlan; Mr. Wheeler, Ilfracombe; Mr. Field, London; Mr. Lambert, London; Dr. Carter, Southport; Mr. Guy, Malvern; Mr. Rawson, Nottingham; Mr. Elliott, London; Mr. Paul, Liverpool; Dr. Laffan; Dr. Jacob, Clapham; Dr. Ormsby, Dublin; Mr. J. Hopkins, London; Mr. Vanes, Uitenhage; Dr. Hills, Thorpe; Mr. W. H. A. Jacobson, London; Dr. McKuchar, Dalbeath; Dr. Russell Reynolds, London; Mr. Morton, Liverpool; Dr. Barton, Lifford; M.D.; Aroostook; Theophilus; T. W.; Zampa; G. H.; The Director-General of the Medical Department of the Navy; M.B.; Healing; Nemo; A Perplexed Surgeon; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. R. Hogg, London; Mr. Buckley, Weston-super-Mare; Dr. Sutherland, Castletown; Mr. Oldroyd, Storrington; Dr. Wilson, Wein; Dr. Mackenzie; Mr. Foster; Dr. Murray, Budley Salterton; Mr. Calder, Liverpool; Mr. Fort, Oldham; Mr. Adams, Hull; Mr. Johnson, Wellington, New Zealand; Mr. Waterhouse, Wolverhampton; Mr. Gibson, Ilchester; Mr. Howse, London; Mr. Hunt, Hull; Dr. Callingworth; Dr. Illiard, Aylesbury; Dr. Spearing, Shaw; Dr. Andrew, Shrewsbury; Mr. Owen, Fishgar; Dr. Bulkley, New York; Mrs. Davidson, Newbourn-on-Tyne; Mr. Nettleship, London; Rev. E. Boys, Sidcup; Mr. Wheeler, Wokingham; Mr. Knox, Glasgow; Dr. Adams, Martock; Mr. Mosse; Mr. Barron, Ulceby; Mrs. Wainwright, Stretton; Mr. Thompson, Finsbury; Mr. Higgington, Bermondsey; Mr. Brown, Tredegar; Miss Marriott, Harrogate; Mr. Rutter, Fulham; Messrs. Wyman and Co., London; Mr. Burleigh; Mr. Ross, Glasgow; Dr. Hughes, Llanberis; Miss Thompson, Oldham; Mr. Malkin, Walthamstow; Mr. Bryan, Hornsey; Messrs. Broad and Son, Hornsey; J. T. R.; M.P.; Surgeon, Newton Abbot; Medicus, Southgate; Patience; Fern; Exchange; Medicus, Hampstead; Medicus, Minchinhampton; Surgeon, London; L. M., Newcastle; X. Y. Z., Blackheath; M.D.; Pax; A. R., Belper; Zeta, Commercial-road; Veritas, Hornsey; A., Norwood; Doctor, Bayswater; Sylva; A. B., West Hartlepool; Medicus, Carlisle; Doctor, Ealing; K., Hull; A. Z.; A. B., Newbury; Principal, Seaford; H. C., Greenwich; &c., &c.

Liverpool Courier, Port Elizabeth Telegraph, Lyttelton Times, Somerset and Wilts Journal, Andover Standard, Glasgow Herald, Kensington News, Gazette Médicale d'Orient, Antiquarian Chronicle, Galway Vindicator, The Look-out, &c., have been received.

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